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MEDICARE/MEDICAID NURSING HOME INFORMATION

CALIFORNIA

PART 5

SACRAMENTO to SANTA MONICA

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

88/89

MEDICARE/MEDICAID NURSING HOME INFORMATION

1988-1989

CALIFORNIA

Part 5

Sacramento to Santa Monica

Louis W. Sullivan, M.D.
Secretary
U.S. Department of Health & Human Services

Gail R. Wilensky, Ph.D.
Administrator
Health Care Financing Administration

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Washington, D.C. 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 59 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

Table of Contents

Introduction I

Uses and Limitations II

Description of the Survey and Certification Process IV

Sources of Information V

Further Considerations XV

Glossary of Terms XVIII

How to Read the Information XX

Alphabetical Index of Nursing Homes XXV

Nursing Home Profiles 1

Nursing Home Survey Report Form .... Appendix

INTRODUCTION

The Health Care Financing Administration is the Federal agency responsible for the Medicare and Medicaid programs. We have a responsibility to provide the public with a wide range of information about the health care paid for through these programs. This second edition of the Medicare/Medicaid Nursing Home Information report is part of our continuing commitment to provide needed information to the public in an understandable and usable form.

Clearly, nursing homes are an area of critical concern to many Medicare and Medicaid beneficiaries, their families and the public in general. There is no more important area where information is needed to help consumers make informed decisions and to provide the health care community with information on its performance. The information should also be helpful to a wide range of individuals and organizations, including nursing home administrators, physicians, ombudsmen and researchers. Among these audiences, we expect that the nursing home administrator and ombudsman will find the information most useful, primarily as a screening tool to evaluate a facility's strengths and weaknesses. We present this information in the hope that it will serve the public and nursing homes in their common interest of improving quality of care.

As with the 1987/1988 edition of Medicare/Medicaid Nursing Home Information, this publication provides extensive information on individual nursing homes. It also provides background materials on Federal and State enforcement programs. This year we are including information concerning State or Federal compliance actions taken against a facility as a result of either of its last two surveys. Each State has identified a specific organizational contact and phone number for handling public inquiries about any compliance actions. In addition, this year's report includes 2 years of survey results for each of the selected 32 performance indicators. It also contains a list of Federal requirements that each facility failed to meet during its latest survey that most directly affect resident care. This provides a more complete look at the nursing home's recent performance history.

Please keep in mind that the primary purpose of this report is to provide a solid basis for further inquiry. It is neither the final, definitive word on nursing home performance nor a comprehensive guide to the selection of a nursing home. When properly understood and used, this information can be quite valuable; it can also be misleading if interpreted incorrectly. To use the information properly, you should read the introductory material carefully, particularly the sections on uses and limitations and how to read the profiles. These sections will assist you in correctly interpreting and making the best use of the material.

Because we recognize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals ask questions and obtain additional information to assist them in making personal decisions about nursing homes.

We realize that the task of selecting the most appropriate nursing home for an individual's needs is not an easy one. You will find this information to be a valuable source document. We trust that with better information, you will make better decisions about health care issues.

Gail R. Wilensky

Gail R. Wilensky, Ph.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes the conditions observed in the nursing home at the time of its most recent survey. It includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and

- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and consumer ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers and/or their families might ask in the course of selecting a nursing home.

We expect that nursing homes individually and as an industry will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care rendered by a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

The information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

Finally, the information in this report does not reflect any changes in Federal requirements resulting from recent changes in the law. The new laws and regulations that would affect the content of this report will be effective on October 1, 1990.

DESCRIPTION OF SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) nursing homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. States also pay a share of the cost of surveying facilities that participate in the Medicaid program. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, varies in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the nursing home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home must submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or Agency on Aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State long-term care ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureau, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State/Federal Compliance Actions

A compliance action is any penalty imposed on a facility as a result of its inspection findings. These penalties could include a variety of actions under State licensure laws, such as the imposition of a fine, the revocation of a facility's license, or in the case of a penalty imposed on a facility as a result of a direct Federal survey, a ban on admissions. Given the possible number and types of actions (penalties) available to each State, it is impossible to describe here what specific actions may have been taken against a particular facility. Please see the following State specific information for further details regarding compliance actions available to individual States and how to contact the State survey agency for information about a compliance action in a particular facility. Refer to block 7 at the top of page 1 of each Nursing Home profile to determine if the facility was subject to a compliance action.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

Licensing and Certification (L&C) regulates licensed public and private health facilities, clinics, agencies and centers throughout California.

The program's Field Operations Branches, through seventeen district offices (six operated by Los Angeles county, under contract) carry out this responsibility by issuing licenses and maintaining the standards of care through periodic inspections and complaint investigations.

Nurses and specialist surveyors conduct regular inspections of all facilities. California has 289 nurse and generalist surveyors and 43 consultants in the fields of medicine, dietetics, pharmacy, physical and occupational therapy and medical records. An average team consists of two nurses and a generalist. Consultants will accompany the team when needed.

California is responsible for 1,184 skilled nursing facilities, 330 homes for the developmentally disabled, 33 intermediate care facilities, 508 general acute care hospitals and 3,063 other types of facilities. In 1988, over 6,200 visits were made to long-term care facilities alone, of these, 4,000 were complaint visits.

Legislation has established several enforcement systems including a citation/violation system for long-term care facilities. The major sanctions are classified below.

A. Class "AA" Citations
Violations which have resulted in the direct proximate cause of a patient's death in a long-term care facility. The penalties range from $5,000 to $25,000. In 1988, 26 were issued statewide.

B. Class "A" Citations
Violations which are determined to present imminent or the substantial probability of danger, death, or serious harm to a long-term care patient. The penalties range from $1,000 to $10,000. In 1988, 370 were issued.

C. Class "B" Citations
Violations which are determined to have a direct or immediate relationship to the health, safety or security of long-term care patients or a violation of patients' rights. The penalties range from $100 to $1,000 but may not be collectible if the violation is corrected within a specific period of time. In 1988, 1,588 were issued.

D. Willful Material Falsification (WMF)
This is an entry in the health record pertaining to patient care/services provided which was made with the knowledge that the record was false. The penalties may be assessed up to $10,000.

E. Willful Material Omission (WMO)
This is the willful failure to record any untoward event which has affected the health, safety or security of a patient, and which was omitted with the knowledge the records were false. Civil penalties may be assessed up to $10,000.

F. Retaliation/Discrimination
This prohibits the licensee from retaliating or discriminating against a patient or employee as the result of a grievance or complaint. Penalties may be up to $10,000.

For specific questions related to compliance actions, please contact:

Sacramento District
(916) 387-2500

Chico District
(916) 895-6711

Santa Rosa District
(707) 576-2380

San Jose District
(408) 277-1784

Fresno District
(209) 445-5168

Ventura District
(805) 654-4800

Berkeley District
(415) 540-2417

San Francisco District
(415) 557-1711

Santa Ana District
(714) 558-4001

San Diego District
(619) 237-7781

San Bernardino District
(714) 383-4777

Los Angeles District
(213) 351-8207

State of California - Health and Welfare Agency
Department of Health Services

Licensing and Certification
714 P Street, Room 823
Sacramento, CA 95814 (916) 445-2070

HEADQUARTERS

Teresa Hawkes
Deputy Director
714 P St, Rm 823
Sacramento, 95814
ATSS: 8/485-2070
PUBLIC: (916) 445-2070

Mary Louise Mock, Chief
L&C Operations
ATSS: 8/467-1277
PUBLIC: (916) 327-1277

Dan Polakoff, Chief
Citation Review Conf.
Hearing Section
ATSS: 8/434-2594
PUBLIC: (916) 924-2594

Joyce Fukui, Chief
Office of Health
Licensing Policy
ATSS: 8/485-7184
PUBLIC: (916) 445-7184

Paul H. Keller, Chief
Field Operations Branch
ATSS: 8/492-9193
PUBLIC: (916) 322-9193

Stan Roman, Chief
Complainant Appeals Sec.
ATSS: 8/492-9193
PUBLIC: (916) 322-9193

Ed Stahlberg, Chief
Standards Branch
ATSS: 8/492-9029
PUBLIC: (916) 322-9029

Dean Harthorn, Chief
Office of Program
Standards
ATSS: 8/454-8620
PUBLIC: (916) 324-8620

Neil Henderson, Chief
Program Review Section
PUBLIC: (916) 387-2513

Kristina Smith, Chief
Program Support Sec.
ATSS: 8/454-0047
PUBLIC: (916) 324-0047

Michael Gaddy, Chief
Provider Certification Sec.
ATSS: 8/430-6300
PUBLIC: (916) 920-6300

Eleanor Ferguson, Sup.
Nurse Assist. Cert. Prog.
ATSS: 8/430-6081
PUBLIC: (916) 920-6081

FIELD OPERATIONS BRANCH

NORTHERN REGION

Don Yannetta
Regional Administrator
7801 Folsom Blvd, 2nd Fl.
Sacramento, CA 95826
PUBLIC: (916) 387-2500

Sacramento District
Lori McLean
District Administrator
(same as Regional
address & phone)
(800) 554-0354

Counties:
Alpine
Amador
Calavaras
El Dorado
Placer
Sacramento
San Joaquin
Stanislaus
Tuolumne
Yolo

Chico District
Linn Keese
District Administrator
1074 East Avenue, Ste K
Chico, CA 95926
ATSS: 8/459-6711
PUBLIC: (916) 895-6711
(800) 554-0350

Counties:
Butte
Colusa
Glenn
Lassen
Modoc
Nevada
Plumas
Shasta
Sierra
Siskiyou
Sutter
Tehama
Trinity
Yuba

Santa Rosa District
John Daly
District Administrator
50 D St., Rm 330
Santa Rosa, CA 95404
ATSS: 8/590-2380
PUBLIC: (707) 576-2380
(800) 554-0349

Counties:
Lake
Del Norte
Humboldt
Mendocino
Napa
Solano
Sonoma

CENTRAL REGION

Vacant
Regional Administrator
100 Paseo de
San Antonio
Suite 135
San Jose, CA 95113
ATSS: 8/522-1784
PUBLIC: (408) 277-1784

San Jose District
Carla Framiglio
District Administrator
(same as Regional
address & phone)
(800) 554-0346

Counties:
Monterey
San Benito
Santa Clara
Santa Cruz

Fresno District
Flora Galbraith
District Administrator
666 W Shaw, Suite 185
Fresno, CA 93704
ATSS: 8/421-5168
PUBLIC: (209) 445-5168
(800) 554-0351

Counties:
Fresno
Kings
Madera
Mariposa
Merced
Tulare

Ventura District
Bill Murray
6401 Telephone Rd.
Suite 200
Ventura, CA 93003
ATSS: 8/723-4800
PUBLIC: (805) 654-4800
(800) 547-8267

Counties:
Kern
San Luis Obispo
Santa Barbara
Ventura

BAY REGION

Hank Schoonlein
Regional Administrator
1625 Shattuck Ave
Berkeley, CA 94709

Mailing Address:
2151 Berkeley Way
Berkeley, CA 94704
ATSS: 8/571-2417
PUBLIC: (415) 540-2417

Berkeley District
Gil Martinez
District Administrator
(same as Regional
address & phone)
(800) 554-0352

Counties:
Alameda
Contra Costa

San Francisco District
Millie Francois
District Administrator
939 Market Street
Suite 100
San Francisco, CA 94103
ATSS: 8/597-1711
PUBLIC: (415) 557-1711
(800) 554-0353

Counties:
Marin
San Francisco
San Mateo

SOUTHERN REGION

Joan Dowling
Regional Administrator
28 Civic Ctr Plaza, Rm 850
Santa Ana, CA 92701
ATSS: 8/657-4001
PUBLIC: (714) 558-4001

Santa Ana District
Jackie Lincer
District Administrator
(same as Regional
address & phone)
(800) 228-5234

County:
Orange

San Diego District
Ernie Trujillo
District Administrator
8885 Rio San Diego Dr.
Suite 147
San Diego, CA 92108
ATSS: 8/631-7781
PUBLIC: (619) 237-7781
(800) 824-0613

Counties:
Imperial
San Diego

San Bernardino District
Mary Jane Moore
District Administrator
1836 S Commercenter Clr
San Bernardino, CA 92408
ATSS: 8/670-4777
PUBLIC: (714) 383-4777

Counties:
Inyo
Mono
Riverside
San Bernardino

LOS ANGELES COUNTY

Jack E. Bamborg
Regional Administrator
Health Facilities Div
Dept of Health Services
313 N Figueroa St, Rm 317
Los Angeles, CA 90012
ATSS: 8-640-2940
PUBLIC: (213) 974-7873
(800) 228-1019

Victor Arkin
Assistant Regional
Administrator
(same as Regional
address & phone)

Vacant
Program Mgr, Dist Admin
North & West Districts
(213) 974-7834

Marvin Brandon
Program Mgr, Dist Admin
East & San Gabriel Dist.
(213) 974-7845

Robert Karp
Program Mgr, Dist Admin
Hosp & Ancil, Enfrc
& Surveillance Units
(213) 974-7836

Complainant Appeals
Stuart Chason, Sup.
(213) 974-7856

Enforcement and
Surveillance Unit
David Childress, Sup.
(213) 974-7856

North District
Mike McSkane, Sup.
18040 Sherman Wy,
Suite 301
(818) 708-4151

West District
Frank Fabregas, Su
2509 W. Pico Blvd.
Santa Monica, CA
90405
(213) 620-5617

San Gabriel Dist.
Joan Olander, Sup.
1500 West Covina
Parkway
W. Covina, CA
91790
(818) 962-3357

East District
Richard Wolfe, Sup.
12838 Erickson Ave
Downey, CA 90242
(213) 940-8087

Acute & Ancillary
Ernest Pooleon, Sup.
2615 South Grand Av
L.A., CA 90007
(213) 744-3658

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Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies include:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that the health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The regional AoA offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-2977

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
21st Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 33
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of the OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Regional Manager, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Regional Manager, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Regional Manager, OCR
DHHS Region III
3535 Market Street
P.O. Box 13716
Room 6300
Philadelphia, PA 19101
(215) 596-1262

Regional Manager, OCR
DHHS Region IV
101 Marietta Tower
Room 1502
Atlanta, GA 30323
(404) 331-2779

Regional Manager, OCR
DHHS Region V
16th Floor
105 West Adams Street
Chicago, IL 60603
(312) 886-2359

Regional Manager, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Regional Manager, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Regional Manager, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2024

Regional Manager, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Regional Manager, OCR
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 11
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of the HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
JFK Federal Building
Room 1211
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
26 Federal Plaza
Room 3821
New York, NY 10278
(212) 264-1121

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-6571

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
101 Marietta Tower, Suite 601
Atlanta, GA 30323
(404) 331-2361

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
15th Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-9805

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
1200 Main Tower Building
Room 2000
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 242
601 East 12th Street
Kansas City, MO 64106
(816) 426-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Federal Office Building, Room 1185
1961 Stout Street
Denver, CO 80294-3538
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-3679

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DHHS Region X, HCFA
Division of Health Standards and Quality
2201 Sixth Avenue, Mail Stop RX 42
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State:

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina South Carolina and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VIII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected.
- Ask whether the facility has been surveyed since the survey described in the report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and how much choice residents have as to the time they get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Note how the rooms accommodate individual resident preferences.
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.
- Ask about how the resident or family is involved in care planning decisions.

Food

- Ask at what times meals are served and whether snacks are available. Ask if residents have flexibility about when meals are served and what is served? Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?
- Ask about how individual activity preferences are encouraged and supported by the facility.

Glossary of Terms

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities, and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions. Another term for a bowel and bladder control problem is "incontinence."

Respiratory Care. A resident with trouble breathing may need assistance, which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Physical restraints are devices attached or adjacent to the body which restrict freedom of movement or normal access to one's body. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms. Use of drugs to control behavior is often called chemical restraints.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See Bed Sore.

Suctioning. A resident who is unable to cough up fluids or mucous in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving an individual from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
STATESBORO NURSING HOME

Street Address:		**City and State:**	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

The first 4 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self explanatory
Street Address:	Self explanatory
City and State:	Self explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

> Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.
>
> Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities conduct rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private"; these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious - A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private - A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other - A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary - A nursing home operated for profit.

Government - A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

Compliance Action: The information in this block indicates whether or not the nursing home has had any action taken against it by either the State or the federal government as a result of either of the last two inspections. If there is a "YES" in this block, refer to the State specific information in the front of this book for details on specific actions that can be taken against a nursing home and how to contact the State for further information about the nursing home in question. Please note that if a more recent inspection has been conducted, a compliance action may have been revoked subsequent to the publication of this report. Likewise, a more recent inspection might result in a compliance action which was taken after publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

	FACILITY		STATE	NATION
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	82.9	82.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing". Following is an explanation of information provided in the profile:

Column 1 - Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 - Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 - State, %: Indicates that, in the State where the nursing home is located, 82.9% of all residents in similar facilities require assistance in bathing.

Column 4 - Nation, %: Indicates that, for the nation as a whole, 82% of all residents in similar facilities require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities tc correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	5	4.1	232	2.3

The "Selected Performance Indicators," section of the profile tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare and/or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements during its two most recent inspections by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Columns 1 and 2 - Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area. Column 1 shows information from the 87/88 survey cycle. N/A in column 1 means "not applicable" indicating the facility was not participating in the Medicare and/or Medicaid programs at the time of the 87/88 Medicare/Medicaid Nursing Home Information release. Column 2 shows information from the 88/89 survey cycle.

Column 3 - State, #: Indicates that there were 5 similar facilities in the State that did not perform satisfactorily in this area.

Column 4 - State, %: Indicates that the 5 facilities that did not perform satisfactorily represent 4.1% of the similar facilities in the State.

Column 5 - Nation, #: Indicates that there were 232 similar facilities in the nation that did not perform satisfactorily in this area.

Column 6 - Nation, %: Indicates that the 232 facilities that did not perform satisfactorily represent 2.3% of all similar facilities in the nation.

Note: The information in columns 3-6 applies only to the most recent set of surveys.

EXAMPLE

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

The final section of the profile, "Listing of Facility Deficiencies", lists each of the Federal requirements that the facility failed to meet during its recent survey and that most directly affect resident care. A full statement of each requirement is contained in the nursing home survey report form, a copy of which can be found at the end of this volume. To determine the nature of a deficiency, consult the survey report form and match the listed code number(s) with the number(s) located in the left-hand column of the form.

Alphabetical Index of Nursing Homes

Facility Name *Page*

AGNEWS STATE HOSP........437
ALDERWOOD MANOR CONVALESCENT HOSPITAL........405
ALEXIAN BROTHERS HOSPITAL........441
ALVARADO CONV & REHAB HOSPITAL........177
ARROWHEAD HOME........133
ARROYO VISTA CONVALESCENT CENTER........181
ASIAN COMMUNITY NURSING HOME........1
BANCROFT CONV HOSP........541
BATTERSON NURSING HOME & CONV HOSP........753
BAY VISTA CONVALESCENT HOSPITAL........805
BAYCREST NURSING CENTER........605
BELLEROSE CONV HOSP........445
BERKLEY EAST CONVALESCENT HOSPITAL........809
BERKLEY WEST CONVALESCENT HOSPITAL........813
BETHANY CONVALESCENT HOSPITAL........449
BEVERLY LA CUMBRE CONV HOSP........709
BEVERLY MANOR........745
BEVERLY MANOR CONVALESCENT HOSPITAL........305
BEVERLY MANOR CONVALESCENT HOSPITAL........713
BROADWAY CONVALESCENT HOSPITAL........409
BRODERICK CONV HOSP........309
BROMMER MANOR........757
BROMMER MANOR CONV HOSP-SANTA CRUZ........761
BROOKSIDE CONVALESCENT HOSPITAL........585
BROOKSIDE HOSP SNF........609
BROOKVUE CONV HOSP........613
CABRILLO EXTENDED CARE HOSP........577
CALIFORNIA P E O HOME........453
CAPITAL CITY CONV HOSP........5
CARE WEST ARIZONA NURSING CENTER........817
CARE WEST SANTA MONICA NURSING CTR........821
CARE WEST-WASHINGTON MANOR NURSING CTR........545
CARE WITH DIGNITY CONVALESCENT HOSP........185
CAREHOUSE CONVALESCENT HOSPITAL........681
CARMEL MOUNTAIN HEALTHCARE CENTER........189
CASA BONITA CONVALESCENT HOSPITAL........293
CASA DE LAS CAMPANAS........193
CASA DORINDA........717
CASA SERENA SKILLED NSG & REHAB HSP........101
CASA SERENA SKILLED NSG & REHAB HSP........457
CENTER SKILLED NURSING FACILITY........9
CENTRAL GARDENS CONV HOSP........313
CHILDRENS CONV HOSP........197
CHURCH LANE CONV HOSPITAL........617
CLOISTERS OF MISSION HILLS CONV HOSP........201
COLONIAL CONVALESCENT HOSPITAL........433
COMMUNITY CONV HOSP OF SAN GABRIEL........413
CONVALESCENT CENTER MISSION ST INC........317
COUNTRY VILLA PLAZA CONVALESCENT CTR........685
CRESCENT BAY CONVALESCENT HOSPITAL........825
CRESTHAVEN NURSING HOME........765
CRESTWOOD MANOR........13

Alphabetical Index of Nursing Homes

Facility Name — *Page*

CRESTWOOD MANOR 461
CRYSTAL SPRINGS REHAB HOSP 589
DEL CAPRI TERRACE CONV HOSP 205
DEL ROSA CONVALESCENT HOSPITAL 137
DEL ROSA VILLA 141
DOMINICAN SANTA CRUZ HOSP/RESTO CARE 769
DRIFTWOOD CONV HOSP 105
DRIFTWOOD CONV HOSP 465
DRIFTWOOD CONV HOSP 773
EAST VALLEY PAVILION 469
EMPRESS CONV HOSP 473
ESKATON GLENWOOD ICF 17
EUCLID CONV CENTER 209
EVERGREEN HEALTHCARE 477
FAIRMONT HOSPITAL - SNF 549
FERNVIEW CONVALESCENT HOSPITAL 417
FIFTH AVENUE CONV HOSP 645
FIRESIDE CONVALESCENT HOSPITAL 829
FLORIN CONVALESCENT HOSPITAL 21
FORESTER HAVEN 297
FRASER INTERMEDIATE CARE FACILITY 213
GARDEN SULLIVAN HOSP PACIFIC MED CTR 321
GEORGIAN COURT NURSING & REHAB CTR 217
GOLDEN HILL HEALTHCARE CENTER 221
GOOD SHEPHERD CONVALESCENT HOSPITAL 833
GREENHAVEN COUNTRY PLACE 25
HALLMARK NURSING CENTER-TUSTIN 689
HARBOR HILLS 777
HARBOR VIEW HOUSE 625
HAYES CONVALESCENT HOSPITAL 325
HEALTH CENTER AT THE REMINGTON CLUB 225
HEBREW HOME FOR THE AGED 329
HERITAGE CONV HOSP 29
HERMAN SANITARIUM, THE 481
HILLCREST NURSING HOME 145
HILLHAVEN CARE CENTER 581
HILLHAVEN EXTENDED CARE 781
HILLHAVEN SAN FRANCISCO 333
HILLHAVEN SAN LEANDRO 553
HILLHAVEN SHERWOOD CONVALESCENT HOSP 33
HILLHAVEN VICTORIAN 337
HILLHAVEN-LAWTON CONV HOSP 341
HILLHAVEN-SAN FRANCISCO 345
HILLSDALE MANOR CONV HOSP 593
HILLSIDE HOSPITAL D/P 229
HILLSIDE MANOR CONV HOSP 649
HOLY CROSS HOSPITAL SNF 301
HOMEWOOD CONVALESCENT HOSPITAL 485
HY-LOND CONVALESCENT HOSPITAL 37
KATHERINE CONV HOSP 109
KEARNEY MESA CONV AND NURSING HOME 233
KIMBERLY CONV HOSPITAL 789

Alphabetical Index of Nursing Homes

Facility Name	*Page*
LAGUNA HONDA HOSP	349
LINCOLN GLEN MANOR	489
LINCOLN GLEN SKILLED NURSING	493
LITTLE SISTERS OF THE POOR	629
LIVE OAK CARE CENTER	785
LOS PALOS CONVALESCENT HOSPITAL	633
MAPLE GROVE ICF	673
MARCUS MANOR CONVALESCENT HOSP	497
MARIAN EXTENDED CARE CENTER	793
MARK TWAIN CONVALESCENT HOSPITAL	125
MARLINDA CONVALESCENT HOSPITAL	97
MARSHAL HALE MEMORIAL HOSP	353
MEADOWBROOK CONV HOSPITAL	501
MEADOWLARK CONV HOSP	237
MEDICAL CENTER CONVALESCENT HOSPITAL	149
MERCY REHAB. AND HEALTH CENTER	241
MERCYCARE-MERCY HOSP OF SACRAMENTO	41
METHODIST HOSPITAL	45
MILLS MEMORIAL HOSPITAL SNF	597
MISSION BAY CONVALESCENT HOSPITAL	357
MISSION BAY MEMORIAL HOSPITAL	245
MISSION CONVALESCENT HOSPITAL	421
MISSION SKILLED NURSING FACILITY	749
MISSION TERRACE CONVALESCENT HOSPITAL	721
MISSION VILLA CONV HOSP	361
MT PLEASANT CONV HOSP	505
MT.ZION HOSPITAL SNF/DP	365
NATIVIDAD MEDICAL CENTER	113
NAZARETH HOUSE	249
NAZARETH HOUSE	653
NORTHGATE CONV HOSP	657
OAKVIEW NURSING CENTER	725
OCEANVIEW CONVALESCENT HOSPITAL	837
PACIFIC CONVALESCENT HOSPITAL	841
PACIFIC PARK CONVALESCENT HOSPITAL	153
PARADISE HILLS CONV CENTER	253
PARK VIEW NURSING CENTER	509
PARKLAND CONV HOSP	557
PHYSICIANS COMMUNITY HOSPITAL	561
PINE RIDGE CARE CTR	661
PINE TOWERS CONVALESCENT HOSPITAL	369
PIONEER HOUSE	49
PLUM TREE CONVALESCENT HOSPITAL	513
POINT LOMA CONV HOSP	257
RAFAEL CONV HOSP	665
RALPH K DAVIES MEDICAL CENTER	373
RIVER VALLEY NURSING CENTER	53
RIVERSIDE HEALTH CARE INC	57
ROSSCARE CONVALESCENT HOSPITAL	797
ROYAL MANOR HEALTH CARE INC	61
ROYALE CONV HOSP	693
SACRAMENTO CONV HOSP	65

Alphabetical Index of Nursing Homes

Facility Name	*Page*
SAINT CLAIR'S NURSING CTR	69
SALINAS CARE CENTER	117
SAMARKAND HEALTH CENTER THE	729
SAN ANDREAS CONV HOSP	129
SAN BRUNO CONV HOSP	173
SAN DIEGO HEBREW HOME FOR THE AGED	261
SAN DIEGO INTERMEDIATE CARE CTR	265
SAN DIEGO PHYSICIANS/SURGEONS HOSP SNF	269
SAN FRANCISCO COMM CONV HOSP	377
SAN GABRIEL VALLEY MEDICAL CENTER	425
SAN JOSE CARE & GUIDANCE CTR	517
SAN MARINO MANOR	429
SAN MATEO CONV HOSP	601
SAN PEDRO & PENNISULA HOSP PAVILLION	637
SAN TOMAS CONV HOSP	521
SANGER CONV HOSP	677
SANTA BARBARA CONV HOSPITAL	733
SANTA BARBARA COTTAGE CARE CENTER	737
SANTA MONICA CONVALARIUM	845
SANTA MONICA CONVALESCENT CENTER #1	849
SANTA MONICA CONVALESCENT CENTER II	853
SANTA MONICA HOSP MEDICAL CENTER	857
SAYLOR LANE CONVALESCENT HOSPITAL	73
SEACREST CONVALESCENT HOSPITAL	641
SEQUOIAS THE	381
SHANDIN HILLS BEHAVIOR THERAPY CENTER	157
SHARP CABRILLO HOSP	273
SHARP KNOLLWOOD	277
SHEA CONVALESCENT HOSPITAL	161
SHEFFIELD CONV HOSP	385
SKYLINE CONVALESCENT HOSPITAL	121
SKYLINE CONVALESCENT HOSPITAL	525
ST ANNE'S HOME	389
ST EDNA CONVALESCENT CENTER	697
ST LUKES CONV HOSP	565
ST LUKES HOSP SNF/DP	393
ST MARYS HOSP & MEDICAL CENTER	397
ST PAULS HEALTH CARE CENTER	281
ST. FRANCIS MEMORIAL HOSPITAL	401
STANFORD COURT OF MISSION HILLS	285
SUTTER OAKS ALZHEIMER CENTER	77
SUTTER OAKS NURISNG CENTER-MIDTOWN	81
SUTTER OAKS NURSING CENTER-ARDEN	85
TOWN COUNTRY MANOR	701
TRINITY HOUSE	89
VALE CARE CENTERR	621
VALLE VERDE HEALTH FACILITY	741
VALLEY CONVALESCENT HOSPITAL	165
VALLEY SKILLED NURSING FACILITY	93
VILLA FAIRMONT MENTAL HEALTH CENTER	569
VILLA MARIA CARE CENTER	801
VILLA MARIN RETIREMENT RESIDENCES	369

Alphabetical Index of Nursing Homes

Facility Name	*Page*
VILLA RANCHO BERNARDO, INC.	289
WASHINGTON CONV HOSP	573
WATERMAN CONVALESCENT HOSPITAL	169
WESTERN MEDICAL CENTER BARTLETT	705
WESTGATE CONV CTR	529
WILLOW GLEN CONV HOSP	533
WINCHESTER LIVING CENTER	537

NURSING HOME PROFILE
ASIAN COMMUNITY NURSING HOME

Street Address: 7801 RUSH RIVER DR		**City and State:** SACRAMENTO, CA 95831	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	8	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	76.3	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	84	90.3	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	81	87.1	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	76.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	87.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	15	16.1	43.4	39.1
Completely bedfast residents.	1	1.1	4.2	3.2
Residents confined to chairs.	83	89.2	61.5	52.3
Residents requiring restraints.	41	44.1	45.3	40.4
Confused or disoriented residents.	7	7.5	62.1	58.6
Residents with bed sores.	5	5.4	9.4	7.6
Residents receiving special skin care.	7	7.5	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for habilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F096 F126 F127* F131* F132* F135 F169
F170 F181* F242* F260 F261 F294 F321 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAPITAL CITY CONV HOSP

Street Address: 500 JESSIE AVE		**City and State:** SACRAMENTO, CA 95838	
Participation: MEDICAID SNF	**# of Beds:** 162	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
159	0	159

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	34.0	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	129	81.1	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	102	64.2	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	2.5	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	42.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	1.9	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	28.3	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	4	2.5	61.5	52.3
Residents requiring restraints.	63	39.6	45.3	40.4
Confused or disoriented residents.	159	100	62.1	58.6
Residents with bed sores.	4	2.5	9.4	7.6
Residents receiving special skin care.	49	30.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F100 F102 F126 F127* F129* F170 F180
F181* F242* F250 F252 F256 F261 F295 F298
F321 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CENTER SKILLED NURSING FACILITY

Street Address: 2257 FAIR OAKS BLVD		**City and State:** SACRAMENTO, CA 95825	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 139	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	7	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	97.4	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	111	97.4	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	104	91.2	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	94.7	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	84.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	45.6	43.4	39.1
Completely bedfast residents.	1	0.9	4.2	3.2
Residents confined to chairs.	107	93.9	61.5	52.3
Residents requiring restraints.	100	87.7	45.3	40.4
Confused or disoriented residents.	67	58.8	62.1	58.6
Residents with bed sores.	24	21.1	9.4	7.6
Residents receiving special skin care.	1	0.9	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F089 F096 F097 F098 F100 F101 F102
F105 F115 F116 F123* F124 F126 F127* F128*
F129* F131* F132* F133* F134 F135 F139 F169
F170 F171 F173* F174 F175 F176 F177 F178
F179 F180 F181* F182 F199 F231 F236 F255
F260 F261 F264 F274 F285 F287 F288 F289
F295 F297 F298 F311 F313* F314 F316 F317
F321 F322* F324* F338 F339 F340* F341 F342
F343

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTWOOD MANOR

Street Address: 2600 STOCKTON BLVD		**City and State:** SACRAMENTO, CA 95817	
Participation: MEDICAID SNF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
128	0	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	0	0.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	0.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	128	100	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	20	15.6	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F167* F170 F196* F231 F232 F242* F243
F257 F260 F261 F293* F297 F313* F318 F321
F322* F330 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ESKATON GLENWOOD ICF

Street Address: 501 JESSIE AVE		**City and State:** SACRAMENTO, CA 95838	
Participation: MEDICAID ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
126	0	108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	24.6	56.1	78.5
Dressing Residents requiring some or total assistance in dressing	44	34.9	33.6	76.5
Toileting Residents requiring some or total assistance in toileting.	9	7.1	10.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	22.2	10.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	7.9	12.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	3.2	4.3	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	0	0.0	7.8	40.9
Residents requiring restraints.	0	0.0	0.7	30.9
Confused or disoriented residents.	125	99.2	31.8	55.4
Residents with bed sores.	0	0.0	0.8	4.8
Residents receiving special skin care.	1	0.8	7.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	5.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	2.9	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	5.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	7	20.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	8	22.9	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	5.7	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	10	28.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	5.7	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	17.1	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	3	8.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	7	20.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	5	14.3	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	14	40.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	11	31.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	2.9	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	28.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	18	51.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	9	25.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	10	28.6	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	14	40.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	6	17.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	20	57.1	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F170 F186 F262 F264 F297 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FLORIN CONVALESCENT HOSPITAL

Street Address: 7400 24TH ST		**City and State:** SACRAMENTO, CA 95822	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	16	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	110	94.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	104	89.7	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	93.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	87.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	4	3.4	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	71	61.2	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	107	92.2	61.5	52.3
Residents requiring restraints.	100	86.2	45.3	40.4
Confused or disoriented residents.	106	91.4	62.1	58.6
Residents with bed sores.	3	2.6	9.4	7.6
Residents receiving special skin care.	5	4.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F100 F102 F126 F127* F133* F167* F169
F170 F171 F173* F174 F175 F176 F179 F180
F182 F206 F224 F225 F227 F293* F318 F321
F324* F341 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENHAVEN COUNTRY PLACE

Street Address: 455 FLORIN RD		**City and State:** SACRAMENTO, CA 95831	
Participation: MEDICARE SNF	**# of Beds:** 148	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
140	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	81.4	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	118	84.3	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	115	82.1	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	85.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	72.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	4	2.9	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	49	35.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	84	60.0	61.5	52.3
Residents requiring restraints.	78	55.7	45.3	40.4
Confused or disoriented residents.	86	61.4	62.1	58.6
Residents with bed sores.	18	12.9	9.4	7.6
Residents receiving special skin care.	23	16.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F085* F096 F102 F115 F116 F126 F127*
F129* F133* F134 F135 F136 F170 F173* F174
F175 F176 F178 F181* F182 F218* F255 F272
F300 F301 F321 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HERITAGE CONV HOSP

Street Address: 5255 HEMLOCK ST		**City and State:** SACRAMENTO, CA 95841	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/05/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	3	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	76.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	88	93.6	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	88	93.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	84.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	83.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.1	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	27.7	43.4	39.1
Completely bedfast residents.	2	2.1	4.2	3.2
Residents confined to chairs.	80	85.1	61.5	52.3
Residents requiring restraints.	65	69.1	45.3	40.4
Confused or disoriented residents.	71	75.5	62.1	58.6
Residents with bed sores.	8	8.5	9.4	7.6
Residents receiving special skin care.	5	5.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061
F084
F096
F097
F105
F126
F127*
F128*
F134
F139
F167*
F169
F170
F181*
F191*
F199
F206
F207
F217
F234
F236
F237*
F240
F242*
F244
F250
F256
F260
F283
F286
F313*
F318
F321
F324*
F331
F332*
F341
F342
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLHAVEN SHERWOOD CONVALESCENT HOSP

Street Address: 4700 ELVAS AVE		**City and State:** SACRAMENTO, CA 95819	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	7	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	82.5	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	54	94.7	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	49	86.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	100	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	71.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.8	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	35.1	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	32	56.1	61.5	52.3
Residents requiring restraints.	32	56.1	45.3	40.4
Confused or disoriented residents.	44	77.2	62.1	58.6
Residents with bed sores.	9	15.8	9.4	7.6
Residents receiving special skin care.	26	45.6	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

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			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F097 F105 F119 F127* F167* F169 F170
F206 F224 F254 F293* F300 F313* F320 F321
F323 F332* F335 F341 F342 F347 F349 F354

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HY-LOND CONVALESCENT HOSPITAL

Street Address: 4635 COLLEGE OAK DR		**City and State:** SACRAMENTO, CA 95841	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	14	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	86.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	104	87.4	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	100	84.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	86.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	75.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	48	40.3	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	98	82.4	61.5	52.3
Residents requiring restraints.	85	71.4	45.3	40.4
Confused or disoriented residents.	70	58.8	62.1	58.6
Residents with bed sores.	7	5.9	9.4	7.6
Residents receiving special skin care.	15	12.6	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084
F085*
F101
F102
F105
F116
F126
F127*
F128*
F132*
F134
F139
F169
F175
F179
F180
F181*
F182
F185
F236
F252
F255
F260
F261
F293*
F294
F297
F313*
F321
F324*
F332*
F341
F342
F346
F349
F354
F357
F358
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERCYCARE-MERCY HOSP OF SACRAMENTO

Street Address: 862 39TH ST	**City and State:** SACRAMENTO, CA 95816

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 77	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 28	**Medicaid Residents:** 10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	90.7	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	50	92.6	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	48	88.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	92.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	83.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.9	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	38	70.4	43.4	39.1
Completely bedfast residents.	4	7.4	4.2	3.2
Residents confined to chairs.	22	40.7	61.5	52.3
Residents requiring restraints.	20	37.0	45.3	40.4
Confused or disoriented residents.	16	29.6	62.1	58.6
Residents with bed sores.	19	35.2	9.4	7.6
Residents receiving special skin care.	25	46.3	30.5	31.4

SACRAMENTO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F084 F085* F096 F097 F101 F102 F105
F119 F126 F134 F135 F170 F191* F206 F224
F250 F260 F321 F332* F340* F357

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
METHODIST HOSPITAL

Street Address: 8151 BRUCEVILLE RD		**City and State:** SACRAMENTO, CA 95823	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
9	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	66.7	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	8	88.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	4	44.4	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	44.4	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	44.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	2	22.2	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	2	22.2	61.5	52.3
Residents requiring restraints.	7	77.8	45.3	40.4
Confused or disoriented residents.	3	33.3	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F196* F206 F207 F236 F330

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PIONEER HOUSE

Street Address: 415 P ST		**City and State:** SACRAMENTO, CA 95814	
Participation: MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/02/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	64.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	35	72.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	33	68.8	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	64.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	75.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	41.7	43.4	39.1
Completely bedfast residents.	3	6.3	4.2	3.2
Residents confined to chairs.	21	43.8	61.5	52.3
Residents requiring restraints.	20	41.7	45.3	40.4
Confused or disoriented residents.	44	91.7	62.1	58.6
Residents with bed sores.	2	4.2	9.4	7.6
Residents receiving special skin care.	5	10.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F182 F206 F321 F332* F335 F355

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIVER VALLEY NURSING CENTER

Street Address: 5000 FOLSOM BLVD		**City and State:** SACRAMENTO, CA 95819	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	30	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	100	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	117	99.2	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	107	90.7	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	90.7	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	89.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	41.5	43.4	39.1
Completely bedfast residents.	7	5.9	4.2	3.2
Residents confined to chairs.	83	70.3	61.5	52.3
Residents requiring restraints.	83	70.3	45.3	40.4
Confused or disoriented residents.	38	32.2	62.1	58.6
Residents with bed sores.	10	8.5	9.4	7.6
Residents receiving special skin care.	54	45.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F086 F126 F133* F134 F170 F176 F180
F264 F278 F294 F301 F309 F314 F317 F324*
F336 F340* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIVERSIDE HEALTH CARE INC

Street Address: 1090 RIO LN		**City and State:** SACRAMENTO, CA 95822	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	9	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	58.3	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	38	79.2	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	36	75.0	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	79.2	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	62.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	2.1	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	41.7	43.4	39.1
Completely bedfast residents.	1	2.1	4.2	3.2
Residents confined to chairs.	33	68.8	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	30	62.5	62.1	58.6
Residents with bed sores.	1	2.1	9.4	7.6
Residents receiving special skin care.	8	16.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsmen.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F127* F134 F170 F180 F181* F206 F211
F250 F252 F261 F293* F300 F302 F321 F324*
F328 F332* F340* F342 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROYAL MANOR HEALTH CARE INC

Street Address: 5901 LEMON HILL AVE

City and State: SACRAMENTO, CA 95824

Participation: MEDICARE/MEDICAID SNF

# of Beds: 49

Type of Ownership: PROPRIETARY

Survey Date: 05/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3

Medicare Residents: 1

Medicaid Residents: 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	33.3	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	2	66.7	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	2	66.7	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	66.7	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	66.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	33.3	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	66.7	43.4	39.1
Completely bedfast residents.	1	33.3	4.2	3.2
Residents confined to chairs.	1	33.3	61.5	52.3
Residents requiring restraints.	1	33.3	45.3	40.4
Confused or disoriented residents.	1	33.3	62.1	58.6
Residents with bed sores.	1	33.3	9.4	7.6
Residents receiving special skin care.	1	33.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F136 F227 F277 F278 F321 F332* F346
F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SACRAMENTO CONV HOSP

Street Address: 3700 H ST	**City and State:** SACRAMENTO, CA 95816

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	7	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	76.5	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	80	94.1	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	76	89.4	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	94.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	62.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	7	8.2	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	73	85.9	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	42	49.4	61.5	52.3
Residents requiring restraints.	67	78.8	45.3	40.4
Confused or disoriented residents.	33	38.8	62.1	58.6
Residents with bed sores.	11	12.9	9.4	7.6
Residents receiving special skin care.	11	12.9	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F084 F085* F102 F126 F127* F128* F129*
F130 F132* F133* F134 F135 F139 F169 F170
F175 F181* F182 F191* F196* F199 F206 F224
F227 F236 F250 F252 F288 F297 F321 F328
F330 F332* F335 F340* F342 F345* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAINT CLAIR'S NURSING CTR

Street Address: 6248 66TH AVE		**City and State:** SACRAMENTO, CA 95823	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** [illegible]	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 2	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	52	94.5	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	52	94.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	94.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	72.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	3.6	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	21	38.2	43.4	39.1
Completely bedfast residents.	1	1.8	4.2	3.2
Residents confined to chairs.	14	25.5	61.5	52.3
Residents requiring restraints.	39	70.9	45.3	40.4
Confused or disoriented residents.	47	85.5	62.1	58.6
Residents with bed sores.	5	9.1	9.4	7.6
Residents receiving special skin care.	10	18.2	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F105 F126 F127* F132* F134 F135 F139
F140 F167* F168* F169 F170 F171 F172 F173*
F174 F175 F176 F177 F178 F181* F185 F236
F242* F250 F260 F277 F293* F297 F313* F320
F321 F322* F323 F328 F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAYLOR LANE CONVALESCENT HOSPITAL

Street Address: 3500 FOLSOM BLVD

City and State: SACRAMENTO, CA 95816

Participation: MEDICARE/MEDICAID SNF

# of Beds: 42

Type of Ownership: PROPRIETARY

Survey Date: 03/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42

Medicare Residents: 2

Medicaid Residents: 5

Caution: A large number of residents with these charactoristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	90.5	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	38	90.5	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	38	90.5	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	97.6	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	57.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	38.1	43.4	39.1
Completely bedfast residents.	1	2.4	4.2	3.2
Residents confined to chairs.	12	28.6	61.5	52.3
Residents requiring restraints.	18	42.9	45.3	40.4
Confused or disoriented residents.	20	47.6	62.1	58.6
Residents with bed sores.	3	7.1	9.4	7.6
Residents receiving special skin care.	3	7.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F069 F116 F129* F132* F173* F182 F236 F255
F261 F264 F288 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUTTER OAKS ALZHEIMER CENTER

Street Address: 500 JESSIE AVE		**City and State:** SACRAMENTO, CA 95838	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 162	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
159	159	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	34.0	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	129	81.1	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	102	64.2	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	2.5	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	42.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	1.9	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	28.3	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	4	2.5	61.5	52.3
Residents requiring restraints.	63	39.6	45.3	40.4
Confused or disoriented residents.	159	100	62.1	58.6
Residents with bed sores.	4	2.5	9.4	7.6
Residents receiving special skin care.	49	30.8	30.5	31.4

SACRAMENTO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F100 F102 F126 F127* F129* F170 F180
F181* F242* F250 F252 F256 F261 F295 F298
F321 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUTTER OAKS NURISNG CENTER-MIDTOWN

Street Address: 2600 L ST		**City and State:** SACRAMENTO, CA 95816	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 132	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	13	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	95.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	118	99.2	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	111	93.3	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	93.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	112	94.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	48	40.3	43.4	39.1
Completely bedfast residents.	9	7.6	4.2	3.2
Residents confined to chairs.	77	64.7	61.5	52.3
Residents requiring restraints.	40	33.6	45.3	40.4
Confused or disoriented residents.	81	68.1	62.1	58.6
Residents with bed sores.	13	10.9	9.4	7.6
Residents receiving special skin care.	18	15.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076 F077 F078 F181* F191* F313* F321 F346
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUTTER OAKS NURSING CENTER-ARDEN

Street Address: 3400 ALTA ARDEN EXPWY		**City and State:** SACRAMENTO, CA 95825	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 190	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
179	22	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	169	94.4	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	174	97.2	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	172	96.1	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	170	95.0	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	170	95.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	4	2.2	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	86	48.0	43.4	39.1
Completely bedfast residents.	2	1.1	4.2	3.2
Residents confined to chairs.	147	82.1	61.5	52.3
Residents requiring restraints.	130	72.6	45.3	40.4
Confused or disoriented residents.	160	89.4	62.1	58.6
Residents with bed sores.	27	15.1	9.4	7.6
Residents receiving special skin care.	38	21.2	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F101 F102 F105 F126 F127* F131*
F135 F170 F181* F182 F191* F206 F242* F263
F277 F293* F321 F332* F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TRINITY HOUSE

Street Address: 2701 CAPITOL AVE		**City and State:** SACRAMENTO, CA 95816	
Participation: MEDICAID SNF	**# of Beds:** 29	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	25	89.3	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	23	82.1	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	82.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	78.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	35.7	43.4	39.1
Completely bedfast residents.	1	3.6	4.2	3.2
Residents confined to chairs.	16	57.1	61.5	52.3
Residents requiring restraints.	28	100	45.3	40.4
Confused or disoriented residents.	18	64.3	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	1	3.6	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F261 F300 F314 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VALLEY SKILLED NURSING FACILITY

Street Address: 2120 STOCKTON BLVD		**City and State:** SACRAMENTO, CA 95817	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	1	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	72.4	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	49	84.5	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	49	84.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	84.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	82.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.7	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	14	24.1	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	47	81.0	61.5	52.3
Residents requiring restraints.	28	48.3	45.3	40.4
Confused or disoriented residents.	49	84.5	62.1	58.6
Residents with bed sores.	4	6.9	9.4	7.6
Residents receiving special skin care.	23	39.7	30.5	31.4

SACRAMENTO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	NOT MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F073* F079* F096 F102 F105 F127* F128*
F129* F131* F135 F170 F175 F176 F191* F206
F242* F246 F250 F260 F263 F316 F321 F332*
F336 F345* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARLINDA CONVALESCENT HOSPITAL

Street Address: 830 PRATT AVE	**City and State:** SAINT HELENA, CA 94574

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 4	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	56	96.6	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	56	96.6	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	54	93.1	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	91.4	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	75.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	32.8	43.4	39.1
Completely bedfast residents.	4	6.9	4.2	3.2
Residents confined to chairs.	21	36.2	61.5	52.3
Residents requiring restraints.	30	51.7	45.3	40.4
Confused or disoriented residents.	24	41.4	62.1	58.6
Residents with bed sores.	4	6.9	9.4	7.6
Residents receiving special skin care.	4	6.9	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F102 F127* F128* F131* F133* F134 F135
F136 F170 F174 F175 F176 F180 F197 F199
F204 F206 F234 F240 F242* F260 F293* F313*
F318 F320 F321 F324* F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CASA SERENA SKILLED NSG & REHAB HSP

Street Address: 720 EAST ROMIE LANE		**City and State:** SALINAS, CA 93901	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
109	16	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	86.2	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	99	90.8	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	96	88.1	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	90.8	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	59.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.8	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	47.7	43.4	39.1
Completely bedfast residents.	2	1.8	4.2	3.2
Residents confined to chairs.	61	56.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	59	54.1	62.1	58.6
Residents with bed sores.	10	9.2	9.4	7.6
Residents receiving special skin care.	72	66.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105
F113
F116
F126
F129*
F132*
F135
F170
F176
F237*
F263
F321
F322*
F332*
F336
F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DRIFTWOOD CONV HOSP

Street Address: 350 IRIS DRIVE		**City and State:** SALINAS, CA 93906	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	10	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	91.2	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	84	92.3	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	84	92.3	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	90.1	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	85.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.2	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	60.4	43.4	39.1
Completely bedfast residents.	1	1.1	4.2	3.2
Residents confined to chairs.	72	79.1	61.5	52.3
Residents requiring restraints.	72	79.1	45.3	40.4
Confused or disoriented residents.	55	60.4	62.1	58.6
Residents with bed sores.	10	11.0	9.4	7.6
Residents receiving special skin care.	35	38.5	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F056 F116 F117 F127* F132* F133* F170
F321 F353 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KATHERINE CONV HOSP

Street Address: 315 ALAMEDA ST		**City and State:** SALINAS, CA 93901	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	93.8	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	45	93.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	38	79.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	83.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	60.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	25	52.1	43.4	39.1
Completely bedfast residents.	1	2.1	4.2	3.2
Residents confined to chairs.	36	75.0	61.5	52.3
Residents requiring restraints.	34	70.8	45.3	40.4
Confused or disoriented residents.	36	75.0	62.1	58.6
Residents with bed sores.	1	2.1	9.4	7.6
Residents receiving special skin care.	5	10.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F102 F118 F135 F169 F170 F175 F176
F181* F250 F252 F257 F263 F285 F316 F321
F332* F336 F340* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NATIVIDAD MEDICAL CENTER

Street Address: 1330 NATIVIDAD ROAD		**City and State:** SALINAS, CA 93906	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 52	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	5	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	93.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	46	97.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	43	91.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	91.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	91.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	39	83.0	43.4	39.1
Completely bedfast residents.	2	4.3	4.2	3.2
Residents confined to chairs.	43	91.5	61.5	52.3
Residents requiring restraints.	23	48.9	45.3	40.4
Confused or disoriented residents.	41	87.2	62.1	58.6
Residents with bed sores.	7	14.9	9.4	7.6
Residents receiving special skin care.	4	8.5	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F133* F135 F170 F261 F282 F283 F321
F332* F340* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SALINAS CARE CENTER

Street Address: 637 E ROMIE LANE		**City and State:** SALINAS, CA 93901	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	13	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	89.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	80	87.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	77	84.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	86.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	89.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.2	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	31	34.1	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	41	45.1	61.5	52.3
Residents requiring restraints.	76	83.5	45.3	40.4
Confused or disoriented residents.	85	93.4	62.1	58.6
Residents with bed sores.	12	13.2	9.4	7.6
Residents receiving special skin care.	91	100	30.5	31.4

SALINAS, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	NOT MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F140 F170 F180 F191* F263 F321 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SKYLINE CONVALESCENT HOSPITAL

Street Address: 348 IRIS DRIVE		**City and State:** SALINAS, CA 93906	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	12	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	91.7	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	66	91.7	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	66	91.7	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	91.7	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	79.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.4	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	38	52.8	43.4	39.1
Completely bedfast residents.	1	1.4	4.2	3.2
Residents confined to chairs.	65	90.3	61.5	52.3
Residents requiring restraints.	44	61.1	45.3	40.4
Confused or disoriented residents.	53	73.6	62.1	58.6
Residents with bed sores.	5	6.9	9.4	7.6
Residents receiving special skin care.	3	4.2	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F085* F102 F126 F127* F130 F132* F134
F167* F169 F170 F182 F191* F205 F206 F262
F263 F288 F321 F332* F335 F340* F345* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARK TWAIN CONVALESCENT HOSPITAL

Street Address: 900 MOUNTAIN RANCH RD		**City and State:** SAN ANDREAS, CA 95249	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	5	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	79.2	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	94	97.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	86	89.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	89.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	76.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.1	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	45	46.9	43.4	39.1
Completely bedfast residents.	1	1.0	4.2	3.2
Residents confined to chairs.	70	72.9	61.5	52.3
Residents requiring restraints.	52	54.2	45.3	40.4
Confused or disoriented residents.	54	56.3	62.1	58.6
Residents with bed sores.	13	13.5	9.4	7.6
Residents receiving special skin care.	28	29.2	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F105 F116 F118 F119 F126 F127* F131*
F134 F135 F169 F181* F191* F224 F236 F340*
F342 F346 F347 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAN ANDREAS CONV HOSP

Street Address: 556 TOYAN RD		**City and State:** SAN ANDREAS, CA 95249	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 33	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
32	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	100	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	30	93.8	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	27	84.4	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	84.4	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	75.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	3.1	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	34.4	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	24	75.0	61.5	52.3
Residents requiring restraints.	19	59.4	45.3	40.4
Confused or disoriented residents.	16	50.0	62.1	58.6
Residents with bed sores.	4	12.5	9.4	7.6
Residents receiving special skin care.	16	50.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F134 F135 F181* F242* F321 F332* F340*
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARROWHEAD HOME

Street Address: 4343 N SIERRA WAY		**City and State:** SAN BERNARDINO, CA 92407	
Participation: MEDICAID ICF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	16.9	56.1	78.5
Dressing Residents requiring some or total assistance in dressing.	3	5.1	33.6	76.5
Toileting Residents requiring some or total assistance in toileting.	2	3.4	10.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	3.4	10.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	3.4	12.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	1	1.7	4.3	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	1	1.7	7.8	40.9
Residents requiring restraints.	0	0.0	0.7	30.9
Confused or disoriented residents.	0	0.0	31.8	55.4
Residents with bed sores.	0	0.0	0.8	4.8
Residents receiving special skin care.	2	3.4	7.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	5.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	2.9	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	5.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	7	20.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	NOT MET	8	22.9	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	5.7	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	10	28.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	5.7	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	17.1	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	3	8.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	7	20.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	5	14.3	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	40.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	11	31.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	2.9	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	28.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	18	51.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	9	25.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	10	28.6	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	14	40.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	6	17.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	20	57.1	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F094* F105 F126 F169 F170 F227 F236
F238 F242* F243 F244 F250 F294 F295 F327
F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DEL ROSA CONVALESCENT HOSPITAL

Street Address: 1311 DATE STREET		**City and State:** SAN BERNARDINO, CA 92404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	8	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	63.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	76	82.6	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	76	82.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	82.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	65.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.2	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	34.8	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	76	82.6	61.5	52.3
Residents requiring restraints.	56	60.9	45.3	40.4
Confused or disoriented residents.	56	60.9	62.1	58.6
Residents with bed sores.	17	18.5	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F068 F076 F085* F098 F100 F101 F126 F128*
F130 F133* F135 F137 F170 F173* F175 F191*
F196* F224 F236 F252 F261 F262 F263 F274
F293* F322* F323 F335

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DEL ROSA VILLA

Street Address: 2018 N. DEL ROSA AVENUE	**City and State:** SAN BERNARDINO, CA 92404

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 5	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	86.5	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	89	92.7	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	69	71.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	68.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	72.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	58	60.4	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	71	74.0	61.5	52.3
Residents requiring restraints.	71	74.0	45.3	40.4
Confused or disoriented residents.	76	79.2	62.1	58.6
Residents with bed sores.	12	12.5	9.4	7.6
Residents receiving special skin care.	66	68.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F069	F076	F084	F100	F127*	F131*	F134	F135
F139	F170	F173*	F175	F191*	F196*	F199	F224
F230	F236	F242*	F257	F260	F287	F297	F321
F322*	F332*	F340*	F342	F346	F359		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLCREST NURSING HOME

Street Address: 4280 CYPRESS DRIVE	**City and State:** SAN BERNARDINO, CA 92407

Participation: MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	52	89.7	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	54	93.1	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	93.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	89.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	8.6	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	7	12.1	61.5	52.3
Residents requiring restraints.	7	12.1	45.3	40.4
Confused or disoriented residents.	58	100	62.1	58.6
Residents with bed sores.	2	3.4	9.4	7.6
Residents receiving special skin care.	8	13.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F077 F102 F116 F119 F126 F130 F134 F135
F140 F142 F169 F191* F199 F227 F250 F255
F285 F287 F294 F317 F322* F333 F336 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEDICAL CENTER CONVALESCENT HOSPITAL

Street Address: 467 E GILBERT STREET	**City and State:** SAN BERNARDINO, CA 92404

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 4	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	98.9	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	83	95.4	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	77	88.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	88.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	95.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	4	4.6	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	77	88.5	43.4	39.1
Completely bedfast residents.	7	8.0	4.2	3.2
Residents confined to chairs.	66	75.9	61.5	52.3
Residents requiring restraints.	73	83.9	45.3	40.4
Confused or disoriented residents.	42	48.3	62.1	58.6
Residents with bed sores.	5	5.7	9.4	7.6
Residents receiving special skin care.	19	21.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F059 F073* F077 F126 F127* F128* F136 F169
F170 F185 F198 F199 F206 F240 F242* F243
F260 F261 F263 F274 F288 F297 F309 F313*
F321 F322* F324* F328 F330 F332* F333 F336
F340* F345* F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PACIFIC PARK CONVALESCENT HOSPITAL

Street Address: 1676 MEDICAL CENTER DRIVE		**City and State:** SAN BERNARDINO, CA 92405	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/23/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	10	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	88.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	90	97.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	67	72.8	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	87.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	90.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.2	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	24	26.1	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	13	14.1	61.5	52.3
Residents requiring restraints.	7	7.6	45.3	40.4
Confused or disoriented residents.	68	73.9	62.1	58.6
Residents with bed sores.	29	31.5	9.4	7.6
Residents receiving special skin care.	29	31.5	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F074 F084 F098 F100 F101 F102 F103 F105
F126 F127* F128* F132* F133* F135 F136 F139
F140 F141 F142 F167* F169 F170 F181* F185
F186 F191* F206 F231 F250 F260 F262 F264
F313* F321 F324* F347 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHANDIN HILLS BEHAVIOR THERAPY CENTER

Street Address: 4164 NORTH 4TH AVENUE	**City and State:** SAN BERNARDINO, CA 92407

Participation: MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	24.4	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	8	17.8	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	3	6.7	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	6.7	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	6.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	0	0.0	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	NOT MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	NOT MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F090 F101 F106* F115 F122* F126 F214
F219 F225 F239 F240 F243 F252 F260 F262
F277 F278 F286 F294 F297 F309 F316

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHEA CONVALESCENT HOSPITAL

Street Address: 1335 N WATERMAN AVENUE		**City and State:** SAN BERNARDINO, CA 92404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	22	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	96.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	111	94.1	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	105	89.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	89.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	89.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	44	37.3	43.4	39.1
Completely bedfast residents.	3	2.5	4.2	3.2
Residents confined to chairs.	100	84.7	61.5	52.3
Residents requiring restraints.	23	19.5	45.3	40.4
Confused or disoriented residents.	113	95.8	62.1	58.6
Residents with bed sores.	19	16.1	9.4	7.6
Residents receiving special skin care.	103	87.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F077 F086 F100 F110 F126 F127* F129* F131*
F134 F135 F136 F169 F176 F180 F181* F199
F244 F250 F261 F285 F289 F293* F323 F328
F332* F339 F340* F342 F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VALLEY CONVALESCENT HOSPITAL

Street Address: 1680 N WATERMAN AVENUE		**City and State:** SAN BERNARDINO, CA 92404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	33	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	83.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	110	94.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	107	92.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	92.2	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	90.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	56	48.3	43.4	39.1
Completely bedfast residents.	3	2.6	4.2	3.2
Residents confined to chairs.	105	90.5	61.5	52.3
Residents requiring restraints.	105	90.5	45.3	40.4
Confused or disoriented residents.	77	66.4	62.1	58.6
Residents with bed sores.	11	9.5	9.4	7.6
Residents receiving special skin care.	41	35.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SAN BERNARDINO, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F094* F096 F100 F114 F119 F126 F130 F134
F135 F170 F185 F242* F244 F259 F260 F277
F294 F317 F322* F335

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WATERMAN CONVALESCENT HOSPITAL

Street Address: 1850 N WATERMAN AVENUE	**City and State:** SAN BERNARDINO, CA 92404

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
155	24	120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	140	90.3	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	140	90.3	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	135	87.1	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	94.2	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	145	93.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	5	3.2	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	45.2	43.4	39.1
Completely bedfast residents.	3	1.9	4.2	3.2
Residents confined to chairs.	150	96.8	61.5	52.3
Residents requiring restraints.	140	90.3	45.3	40.4
Confused or disoriented residents.	125	80.6	62.1	58.6
Residents with bed sores.	6	3.9	9.4	7.6
Residents receiving special skin care.	60	38.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	NOT MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050	F060	F061	F070	F080*	F084	F085*	F086
F094*	F097	F098	F100	F101	F102	F103	F105
F106*	F110	F116	F119	F123*	F126	F127*	F128*
F129*	F130	F131*	F132*	F134	F167*	F169	F170
F171	F173*	F174	F175	F176	F179	F180	F181*
F182	F185	F199	F206	F236	F239	F240	F242*
F244	F248	F250	F252	F255	F257	F259	F260
F261	F263	F277	F288	F321	F322*	F323	F324*
F338	F340*	F342	F345*	F346			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAN BRUNO CONV HOSP

Street Address: 890 EL CAMINO REAL	**City and State:** SAN BRUNO, CA 94066

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	42	95.5	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	40	90.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	93.2	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	81.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	2.3	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	23	52.3	43.4	39.1
Completely bedfast residents.	5	11.4	4.2	3.2
Residents confined to chairs.	29	65.9	61.5	52.3
Residents requiring restraints.	39	88.6	45.3	40.4
Confused or disoriented residents.	29	65.9	62.1	58.6
Residents with bed sores.	6	13.6	9.4	7.6
Residents receiving special skin care.	44	100	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F058 F071 F094* F114 F129* F196* F206 F256
F260 F287 F293* F319 F328 F336 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALVARADO CONV & REHAB HOSPITAL

Street Address: 6599 ALVARDO RD		**City and State:** SAN DIEGO, CA 92120	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 301	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	83.3	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	84	87.5	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	80	83.3	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	80.2	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	69.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.1	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	57	59.4	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	28	29.2	61.5	52.3
Residents requiring restraints.	42	43.8	45.3	40.4
Confused or disoriented residents.	58	60.4	62.1	58.6
Residents with bed sores.	8	8.3	9.4	7.6
Residents receiving special skin care.	60	62.5	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents	N/A	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F085* F094* F116 F119 F127* F128* F132*
F134 F135 F167* F169 F170 F178 F191* F199
F232 F242* F248 F250 F251 F255 F256 F257
F258 F259 F261 F263 F264 F287 F297 F313*
F321 F323 F324* F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARROYO VISTA CONVALESCENT CENTER

Street Address: 3022 45TH ST		**City and State:** SAN DIEGO, CA 92105	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	11	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	95.7	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	47	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	46	97.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	100	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	87.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	4.3	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	35	74.5	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	39	83.0	61.5	52.3
Residents requiring restraints.	44	93.6	45.3	40.4
Confused or disoriented residents.	41	87.2	62.1	58.6
Residents with bed sores.	7	14.9	9.4	7.6
Residents receiving special skin care.	29	61.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F119 F124 F126 F127* F129* F130 F133*
F134 F135 F170 F175 F181* F191* F242* F258
F261 F262 F263 F285 F293* F321 F324* F328
F343 F345* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARE WITH DIGNITY CONVALESCENT HOSP.

Street Address: 8060 FROST ST		**City and State:** SAN DIEGO, CA 92123	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/01/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	3	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	94	97.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	92	95.8	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	95.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	96.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	36	37.5	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	96	100	43.4	39.1
Completely bedfast residents.	72	75.0	4.2	3.2
Residents confined to chairs.	6	6.3	61.5	52.3
Residents requiring restraints.	47	49.0	45.3	40.4
Confused or disoriented residents.	42	43.8	62.1	58.6
Residents with bed sores.	72	75.0	9.4	7.6
Residents receiving special skin care.	54	56.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	NOT MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F059	F060	F062	F065	F070	F071	F074	F078
F085*	F088	F089	F091*	F093	F101	F113	F115
F116	F117	F118	F121	F127*	F128*	F129*	F130
F135	F136	F138	F139	F140	F141	F142	F143
F170	F186	F187	F191*	F195	F196*	F197	F198
F199	F206	F208	F210	F212	F213	F219	F220
F229	F236	F237*	F242*	F246	F248	F251	F252
F253	F254	F255	F256	F257	F258	F259	F260
F261	F262	F263	F264	F265	F271	F272	F273
F275	F288	F289	F293*	F313*	F320	F321	F322*
F323	F324*	F326	F328	F329	F330	F332*	F333
F334	F335	F336	F337	F339	F340*	F341	F342
F343	F347	F349	F351	F353	F355	F356	F357

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARMEL MOUNTAIN HEALTHCARE CENTER

Street Address: 11895 AVE OF INDUSTRY	**City and State:** SAN DIEGO, CA 92128

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 7	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	96.7	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	56	93.3	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	56	93.3	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	63.3	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	68.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	28.3	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	12	20.0	61.5	52.3
Residents requiring restraints.	10	16.7	45.3	40.4
Confused or disoriented residents.	24	40.0	62.1	58.6
Residents with bed sores.	9	15.0	9.4	7.6
Residents receiving special skin care.	3	5.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F084	F085*	F100	F102	F105	F120	F124
F127*	F128*	F129*	F134	F135	F137	F138	F139
F167*	F169	F170	F171	F173*	F174	F175	F176
F179	F180	F181*	F182	F191*	F196*	F199	F206
F227	F242*	F248	F250	F251	F256	F258	F259
F262	F263	F264	F293*	F316	F321	F322*	F332*
F342	F343	F345*	F346	F349	F358		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CASA DE LAS CAMPANAS

Street Address: 18685 W BERNARDO	**City and State:** SAN DIEGO, CA 92127

Participation: MEDICARE SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	1	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	0	0.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	1	100	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	1	100	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
CHILDRENS CONV HOSP

Street Address: 8022 BIRMINGHAM DRIVE	**City and State:** SAN DIEGO, CA 92123

Participation: MEDICAID SNF	**# of Beds:** 173	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/12/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 6	**Medicare Residents:** 0	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	6	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	6	100	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	100	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	100	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	100	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	6	100	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	0	0.0	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	6	100	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F086 F102 F114 F119 F127* F133* F170
F217 F261 F263 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLOISTERS OF MISSION HILLS CONV HOSP

Street Address: 3680 REYNARD WAY		**City and State:** SAN DIEGO, CA 92103	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	0	0.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	0	0.0	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	NOT MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051* F053 F059 F060 F061 F064 F069 F076
F080* F084 F085* F091* F098 F100 F101 F102
F105 F110 F118 F124 F126 F127* F128* F130
F131* F132* F133* F134 F135 F139 F143 F167*
F169 F170 F173* F174 F175 F176 F177 F179
F180 F181* F196* F217 F222 F224 F225 F227
F231 F232 F234 F236 F237* F240 F242* F243
F244 F246 F250 F257 F260 F261 F264 F285
F293* F297 F321 F324* F332* F335 F339 F340*
F342 F343 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DEL CAPRI TERRACE CONV HOSP

Street Address: 5602 UNIVERSITY AVE		**City and State:** SAN DIEGO, CA 92105	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
82	15	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	42	51.2	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	71	86.6	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	70	85.4	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	85.4	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	85.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	3.7	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	24.4	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	23	28.0	61.5	52.3
Residents requiring restraints.	44	53.7	45.3	40.4
Confused or disoriented residents.	37	45.1	62.1	58.6
Residents with bed sores.	4	4.9	9.4	7.6
Residents receiving special skin care.	26	31.7	30.5	31.4

SAN DIEGO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F115 F116 F126 F127* F128* F131* F132*
F135 F167* F170 F173* F174 F175 F176 F191*
F224 F227 F236 F242* F246 F250 F255 F260
F261 F263 F264 F277 F297 F318 F321 F332*
F358

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EUCLID CONV CENTER

Street Address: L350 EUCLID AVE	**City and State:** SAN DIEGO, CA 92105

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 6	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	75.9	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	74	85.1	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	72	82.8	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	81.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	85.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.3	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	23	26.4	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	71	81.6	61.5	52.3
Residents requiring restraints.	66	75.9	45.3	40.4
Confused or disoriented residents.	44	50.6	62.1	58.6
Residents with bed sores.	7	8.0	9.4	7.6
Residents receiving special skin care.	19	21.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105
F115
F116
F118
F126
F127*
F131*
F135
F170
F176
F242*
F263
F293*
F294
F306
F321
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FRASER INTERMEDIATE CARE FACILITY

Street Address: 726 TORRANCE ST		**City and State:** SAN DIEGO, CA 92103	
Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
36	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	58.3	56.1	78.5
Dressing				
Residents requiring some or total assistance in dressing.	17	47.2	33.6	76.5
Toileting				
Residents requiring some or total assistance in toileting.	8	22.2	10.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	33.3	10.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	22.2	12.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	5.6	4.3	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	1	2.8	7.8	40.9
Residents requiring restraints.	1	2.8	0.7	30.9
Confused or disoriented residents.	13	36.1	31.8	55.4
Residents with bed sores.	0	0.0	0.8	4.8
Residents receiving special skin care.	8	22.2	7.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	5.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	2.9	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	5.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	20.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	8	22.9	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	5.7	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	10	28.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	5.7	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	17.1	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	3	8.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	7	20.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	5	14.3	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	14	40.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	11	31.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	2.9	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	28.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	18	51.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	9	25.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	10	28.6	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	14	40.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	6	17.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	20	57.1	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F070 F169 F170 F174 F176 F196* F199
F250 F253 F260 F261 F269 F278 F285 F289
F297 F313* F317 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GEORGIAN COURT NURSING & REHAB CTR

Street Address:
2828 MEADOWLARK DRIVE

City and State:
SAN DIEGO, CA 92123

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	305	NON-PROFIT PRIVATE	04/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
288	37	204

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	245	85.1	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	244	84.7	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	233	80.9	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	213	74.0	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	215	74.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	8	2.8	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	109	37.8	43.4	39.1
Completely bedfast residents.	7	2.4	4.2	3.2
Residents confined to chairs.	214	74.3	61.5	52.3
Residents requiring restraints.	111	38.5	45.3	40.4
Confused or disoriented residents.	236	81.9	62.1	58.6
Residents with bed sores.	29	10.1	9.4	7.6
Residents receiving special skin care.	119	41.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F051* F061 F064 F069 F070 F073* F076
F080* F084 F085* F097 F098 F101 F102 F103
F105 F117 F118 F123* F124 F126 F127* F128*
F129* F130 F133* F134 F135 F141 F142 F167*
F169 F170 F171 F173* F174 F175 F176 F177
F179 F180 F181* F189 F191* F193 F195 F196*
F199 F206 F207 F212 F213 F218* F224 F227
F239 F240 F242* F244 F246 F250 F259 F263
F277 F278 F283 F285 F287 F294 F297 F316
F320 F321 F322* F324* F328 F330 F331 F332*
F335 F338 F339 F340* F341 F342 F343 F345*
F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOLDEN HILL HEALTHCARE CENTER

Street Address: 1201 34TH STREET		**City and State:** SAN DIEGO, CA 92102	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 10	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	87.5	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	74	84.1	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	71	80.7	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	80.7	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	64.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	30.7	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	60	68.2	61.5	52.3
Residents requiring restraints.	49	55.7	45.3	40.4
Confused or disoriented residents.	42	47.7	62.1	58.6
Residents with bed sores.	20	22.7	9.4	7.6
Residents receiving special skin care.	56	63.6	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F068 F085* F127* F134 F169 F170 F175
F176 F180 F205 F207 F227 F236 F250 F263
F285 F288 F321 F322* F324* F331 F332* F340*
F345* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEALTH CENTER AT THE REMINGTON CLUB

Street Address: 16925 HIERBA DR	**City and State:** SAN DIEGO, CA 92128

Participation: MEDICARE SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	2	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	80.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	28	90.3	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	26	83.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	83.9	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	61.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	9.7	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	19.4	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	2	6.5	61.5	52.3
Residents requiring restraints.	14	45.2	45.3	40.4
Confused or disoriented residents.	15	48.4	62.1	58.6
Residents with bed sores.	2	6.5	9.4	7.6
Residents receiving special skin care.	6	19.4	30.5	31.4

SAN DIEGO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F100 F102 F105 F119 F126 F127* F134
F135 F137 F142 F167* F169 F170 F173* F191*
F207 F224 F237* F240 F242* F332* F340* F346
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLSIDE HOSPITAL D/P

Street Address: 1940 EL CAJON BLVD	**City and State:** SAN DIEGO, CA 92104

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	133	NON-PROFIT PRIVATE	06/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	76.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	23	92.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	21	84.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	92.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	72.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	4.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	40.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	13	52.0	61.5	52.3
Residents requiring restraints.	16	64.0	45.3	40.4
Confused or disoriented residents.	15	60.0	62.1	58.6
Residents with bed sores.	2	8.0	9.4	7.6
Residents receiving special skin care.	17	68.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full ahd complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F080* F086 F093 F100 F115 F116 F126
F131* F134 F135 F169 F170 F173* F175 F176
F191* F222 F224 F227 F234 F237* F242* F250
F251 F253 F255 F260 F263 F293* F321 F324*
F331 F332* F340* F342 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KEARNEY MESA CONV AND NURSING HOME

Street Address: 7675 FAMILY CIRCLE DRIVE		**City and State:** SAN DIEGO, CA 92111	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	1	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	99.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	94	97.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	85	88.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	78.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	74.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	29	30.2	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	76	79.2	61.5	52.3
Residents requiring restraints.	48	50.0	45.3	40.4
Confused or disoriented residents.	56	58.3	62.1	58.6
Residents with bed sores.	3	3.1	9.4	7.6
Residents receiving special skin care.	25	26.0	30.5	31.4

SAN DIEGO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F206 F283 F345* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEADOWLARK CONV HOSP

Street Address: 8001 BIRMINGHAM DR		**City and State:** SAN DIEGO, CA 92123	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 92	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	8	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	97.7	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	86	97.7	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	85	96.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	95.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	84.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	3.4	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	38	43.2	43.4	39.1
Completely bedfast residents.	1	1.1	4.2	3.2
Residents confined to chairs.	86	97.7	61.5	52.3
Residents requiring restraints.	62	70.5	45.3	40.4
Confused or disoriented residents.	55	62.5	62.1	58.6
Residents with bed sores.	14	15.9	9.4	7.6
Residents receiving special skin care.	74	84.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076 F110 F116 F124 F126 F127* F128* F130
F167* F169 F170 F171 F174 F176 F180 F181*
F191* F196* F206 F211 F242* F250 F255 F257
F260 F261 F263 F283 F293* F313* F320 F321
F322* F324* F329 F330 F331 F332* F333 F340*
F341 F342 F343 F345* F346 F347 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERCY REHAB. AND HEALTH CENTER

Street Address: 3520 4TH AVE		**City and State:** SAN DIEGO, CA 92103	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 194	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	0	0.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	100	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	1	100	45.3	40.4
Confused or disoriented residents.	0	0.0	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/89	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F061 F068 F101 F105 F124 F126 F127*
F128* F129* F131* F132* F134 F167* F169 F170
F171 F173* F174 F175 F176 F181* F182 F206
F217 F236 F237* F239 F240 F242* F250 F256
F260 F262 F263 F294 F321 F322* F332* F335
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MISSION BAY MEMORIAL HOSPITAL

Street Address: 3030 BUNKER HILL STREET	**City and State:** SAN DIEGO, CA 92109

Participation: MEDICARE SNF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/28/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 11	**Medicare Residents:** 11	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	63.6	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	9	81.8	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	9	81.8	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	81.8	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	72.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	54.5	43.4	39.1
Completely bedfast residents.	1	9.1	4.2	3.2
Residents confined to chairs.	6	54.5	61.5	52.3
Residents requiring restraints.	2	18.2	45.3	40.4
Confused or disoriented residents.	8	72.7	62.1	58.6
Residents with bed sores.	3	27.3	9.4	7.6
Residents receiving special skin care.	3	27.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F100 F102 F105 F110 F115 F116 F126
F169 F198 F244 F250 F251 F255 F263 F319
F332* F340* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NAZARETH HOUSE

Street Address: 6333 RANCHO MISSION RD		**City and State:** SAN DIEGO, CA 92108	
Participation: MEDICAID SNF/ICF	**# of Beds:** 38	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	94.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	37	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	35	94.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	94.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	94.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	2.7	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	86.5	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	13	35.1	61.5	52.3
Residents requiring restraints.	16	43.2	45.3	40.4
Confused or disoriented residents.	23	62.2	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	3	8.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F102 F126 F134 F169 F170 F174 F176
F177 F181* F196* F206 F215 F216 F217 F218*
F219 F236 F242* F246 F250 F257 F260 F261
F321 F322* F324* F332* F340* F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARADISE HILLS CONV CENTER

Street Address: 6061 BANBURY ST		**City and State:** SAN DIEGO, CA 92139	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 162	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
146	22	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	137	93.8	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	143	97.9	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	140	95.9	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	93.2	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	127	87.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.4	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	49.3	43.4	39.1
Completely bedfast residents.	11	7.5	4.2	3.2
Residents confined to chairs.	79	54.1	61.5	52.3
Residents requiring restraints.	87	59.6	45.3	40.4
Confused or disoriented residents.	98	67.1	62.1	58.6
Residents with bed sores.	15	10.3	9.4	7.6
Residents receiving special skin care.	146	100	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F070 F076 F126 F127* F131* F132* F167* F169
F170 F174 F175 F176 F180 F181* F236 F237*
F238 F240 F242* F244 F250 F257 F260 F261
F262 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
POINT LOMA CONV HOSP

Street Address: 3202 DUKE ST		**City and State:** SAN DIEGO, CA 92110	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
123	11	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	83.7	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	116	94.3	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	118	95.9	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	95.1	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	78.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.6	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	51.2	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	40	32.5	61.5	52.3
Residents requiring restraints.	103	83.7	45.3	40.4
Confused or disoriented residents.	117	95.1	62.1	58.6
Residents with bed sores.	10	8.1	9.4	7.6
Residents receiving special skin care.	37	30.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that all written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F114 F116 F126 F127* F131* F132* F134
F169 F170 F173* F176 F180 F181* F191* F196*
F198 F206 F242* F260 F263 F277 F321 F324*
F332* F340* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAN DIEGO HEBREW HOME FOR THE AGED

Street Address: 4075 54TH STREET		**City and State:** SAN DIEGO, CA 92105	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	98.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	66	93.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	47	66.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	71.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	62.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.4	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	28.2	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	47	66.2	61.5	52.3
Residents requiring restraints.	36	50.7	45.3	40.4
Confused or disoriented residents.	43	60.6	62.1	58.6
Residents with bed sores.	6	8.5	9.4	7.6
Residents receiving special skin care.	31	43.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SAN DIEGO, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076 F077 F085* F105 F116 F117 F126 F129*
F134 F169 F170 F173* F174 F176 F181* F191*
F206 F250 F255 F256 F260 F261 F321 F322*
F324* F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAN DIEGO INTERMEDIATE CARE CTR

Street Address: 1119 28TH STREET		**City and State:** SAN DIEGO, CA 92102	
Participation: MEDICAID ICF	**# of Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/12/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
36	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	80.6	56.1	78.5
Dressing Residents requiring some or total assistance in dressing.	16	44.4	33.6	76.5
Toileting Residents requiring some or total assistance in toileting.	10	27.8	10.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	13.9	10.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	11.1	12.9	59.1
Residents on individually written bowel and bladder retraining program.	6	16.7	1.7	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	3	8.3	4.3	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	1	2.8	7.8	40.9
Residents requiring restraints.	0	0.0	0.7	30.9
Confused or disoriented residents.	18	50.0	31.8	55.4
Residents with bed sores.	1	2.8	0.8	4.8
Residents receiving special skin care.	6	16.7	7.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	2	5.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	2.9	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	5.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	20.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	NOT MET	8	22.9	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	5.7	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	10	28.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	2	5.7	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	17.1	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	3	8.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	7	20.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	5	14.3	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	14	40.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	11	31.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	2.9	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	10	28.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	18	51.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	9	25.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	10	28.6	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	14	40.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	6	17.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	20	57.1	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F073* F084 F094* F102 F126 F127* F134
F135 F169 F170 F174 F176 F188 F191* F196*
F199 F227 F236 F237* F238 F242* F250 F251
F263 F277 F288 F293* F294 F297 F313* F318
F327 F328 F330 F332* F344 F345* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAN DIEGO PHYSICIANS/SURGEONS HOSP SNF

Street Address: 446 26TH STREET		**City and State:** SAN DIEGO, CA 92102	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 187	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
81	23	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	93.8	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	75	92.6	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	71	87.7	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	90.1	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	79.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	3.7	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	43.2	43.4	39.1
Completely bedfast residents.	9	11.1	4.2	3.2
Residents confined to chairs.	69	85.2	61.5	52.3
Residents requiring restraints.	31	38.3	45.3	40.4
Confused or disoriented residents.	61	75.3	62.1	58.6
Residents with bed sores.	10	12.3	9.4	7.6
Residents receiving special skin care.	13	16.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F059 F072 F075 F078 F085* F108 F115
F116 F126 F127* F134 F135 F170 F175 F176
F180 F191* F199 F224 F227 F236 F242* F251
F260 F261 F263 F287 F316 F317 F321 F331
F332* F340* F342 F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHARP CABRILLO HOSP

Street Address: 3475 KENYON ST

City and State: SAN DIEGO, CA 92110

Participation: MEDICARE/MEDICAID SNF

# of Beds: 250

Type of Ownership: NON-PROFIT PRIVATE

Survey Date: 05/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3

Medicare Residents: 1

Medicaid Residents: 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	3	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	3	100	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	66.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	2	66.7	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	1	33.3	62.1	58.6
Residents with bed sores.	1	33.3	9.4	7.6
Residents receiving special skin care.	1	33.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
SHARP KNOLLWOOD

Street Address: 7944 BIRMINGHAM DRIVE		**City and State:** SAN DIEGO, CA 92123	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 166	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
157	19	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	141	89.8	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	138	87.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	147	93.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	91.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	128	81.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	6	3.8	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	55	35.0	43.4	39.1
Completely bedfast residents.	4	2.5	4.2	6.2
Residents confined to chairs.	138	87.9	61.5	52.3
Residents requiring restraints.	71	45.2	45.3	40.4
Confused or disoriented residents.	71	45.2	62.1	58.6
Residents with bed sores.	21	13.4	9.4	7.6
Residents receiving special skin care.	31	19.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F077 F085* F093 F098 F100 F101 F102
F105 F109 F114 F118 F124 F126 F127* F128*
F129* F131* F132* F133* F134 F135 F139 F169
F170 F173* F179 F180 F181* F182 F185 F198
F206 F207 F227 F236 F250 F251 F254 F255
F260 F263 F274 F293* F321 F323 F332* F335
F340* F342 F345* F346 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST PAULS HEALTH CARE CENTER

Street Address: 235 NUTMEG		**City and State:** SAN DIEGO, CA 92103	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/08/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
53	2	8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	43	81.1	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	42	79.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	75.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	83.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.9	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	23	43.4	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	43	81.1	61.5	52.3
Residents requiring restraints.	37	69.8	45.3	40.4
Confused or disoriented residents.	36	67.9	62.1	58.6
Residents with bed sores.	11	20.8	9.4	7.6
Residents receiving special skin care.	11	20.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F080* F084 F105 F126 F127* F128* F132*
F133* F134 F135 F167* F169 F170 F171 F173*
F174 F175 F176 F177 F178 F181* F191* F207
F237* F242* F250 F260 F281 F293* F324* F330
F340* F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STANFORD COURT OF MISSION HILLS

Street Address: 4033 6TH AVE EXTENSION		**City and State:** SAN DIEGO, CA 92103	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	8	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	97.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	82	97.6	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	82	97.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	97.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	100	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.2	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	22.6	43.4	39.1
Completely bedfast residents.	1	1.2	4.2	3.2
Residents confined to chairs.	44	52.4	61.5	52.3
Residents requiring restraints.	52	61.9	45.3	40.4
Confused or disoriented residents.	40	47.6	62.1	58.6
Residents with bed sores.	12	14.3	9.4	7.6
Residents receiving special skin care.	15	17.9	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F073* F085* F098 F100 F101 F102 F105
F115 F120 F124 F126 F127* F128* F132* F133*
F134 F135 F169 F170 F173* F180 F185 F189
F191* F199 F206 F227 F236 F250 F253 F256
F260 F263 F277 F288 F293* F295 F297 F313*
F321 F322* F332* F336 F340* F345* F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VILLA RANCHO BERNARDO, INC.

Street Address: 15720 BERNARDO CENTER DR		**City and State:** SAN DIEGO, CA 92127	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 303	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 19	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	80.2	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	119	90.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	118	90.1	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	88.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	65.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.5	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	46	35.1	43.4	39.1
Completely bedfast residents.	14	10.7	4.2	3.2
Residents confined to chairs.	32	24.4	61.5	52.3
Residents requiring restraints.	75	57.3	45.3	40.4
Confused or disoriented residents.	77	58.8	62.1	58.6
Residents with bed sores.	14	10.7	9.4	7.6
Residents receiving special skin care.	48	36.6	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F085* F100 F102 F103 F105 F116 F117
F118 F123* F124 F126 F128* F129* F130 F131*
F132* F133* F134 F135 F136 F137 F139 F141
F142 F167* F169 F170 F171 F173* F174 F175
F176 F177 F178 F179 F180 F181* F182 F185
F189 F191* F196* F207 F218* F227 F231 F234
F236 F237* F239 F240 F242* F243 F244 F246
F248 F250 F257 F258 F259 F260 F261 F262
F263 F271 F272 F274 F277 F288 F293* F297
F313* F321 F324* F328 F333 F336 F340* F342
F345* F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CASA BONITA CONVALESCENT HOSPITAL

Street Address: 535 E BONITA AVENUE		**City and State:** SAN DIMAS, CA 91773	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 5	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	86.3	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	97	95.1	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	93	91.2	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	90.2	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	69.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	33.3	43.4	39.1
Completely bedfast residents.	2	2.0	4.2	3.2
Residents confined to chairs.	80	78.4	61.5	52.3
Residents requiring restraints.	77	75.5	45.3	40.4
Confused or disoriented residents.	52	51.0	62.1	58.6
Residents with bed sores.	14	13.7	9.4	7.6
Residents receiving special skin care.	16	15.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F085*	F098	F100	F101	F102	F116	F118
F124	F126	F127*	F129*	F133*	F134	F135	F167*
F169	F170	F173*	F181*	F199	F224	F256	F262
F287	F316	F321	F322*	F324*	F328	F336	F342
F343	F345*	F346	F353				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FORESTER HAVEN

Street Address: 12249 N LOPEZ CANYON ROAD		**City and State:** SAN FERNANDO, CA 91342	
Participation: MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/07/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
26	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	61.5	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	17	65.4	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	11	42.3	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	73.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	57.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	3	11.5	43.4	39.1
Completely bedfast residents.	1	3.8	4.2	3.2
Residents confined to chairs.	10	38.5	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	18	69.2	62.1	58.6
Residents with bed sores.	1	3.8	9.4	7.6
Residents receiving special skin care.	1	3.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F094* F105 F126 F127* F135 F170 F224 F244
F288 F328 F332* F340* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOLY CROSS HOSPITAL SNF

Street Address:
15031 RINALDI STREET

City and State:
SAN FERNANDO, CA 91345

Participation:
MEDICARE/MEDICAID SNF

# of Beds:
36

Type of Ownership:
NON-PROFIT RELIGIOUS

Survey Date:
03/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
35

Medicare Residents:
19

Medicaid Residents:
15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	80.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	32	91.4	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	32	91.4	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	94.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	54.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	5.7	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	48.6	43.4	39.1
Completely bedfast residents.	5	14.3	4.2	3.2
Residents confined to chairs.	12	34.3	61.5	52.3
Residents requiring restraints.	8	22.9	45.3	40.4
Confused or disoriented residents.	6	17.1	62.1	58.6
Residents with bed sores.	6	17.1	9.4	7.6
Residents receiving special skin care.	11	31.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F094* F102 F126 F127* F128* F135
F169 F170 F191* F224 F242* F297 F298 F321
F324* F342 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 1477 GROVE ST		**City and State:** SAN FRANCISCO, CA 94117	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 168	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
167	36	117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	167	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	165	98.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	162	97.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	165	98.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	162	97.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.2	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	80	47.9	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	163	97.6	61.5	52.3
Residents requiring restraints.	136	81.4	45.3	40.4
Confused or disoriented residents.	162	97.0	62.1	58.6
Residents with bed sores.	9	5.4	9.4	7.6
Residents receiving special skin care.	3	1.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	NOT MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F084 F085* F091* F094* F114 F118 F126
F128* F170 F176 F181* F191* F204 F205 F206
F254 F260 F261 F263 F265 F285 F287 F288
F293* F305 F321 F324* F346 F349 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRODERICK CONV HOSP

Street Address: 1421 BRODERICK ST		**City and State:** SAN FRANCISCO, CA 94115	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	7	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	93.5	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	44	95.7	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	32	69.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	78.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	65.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	39.1	43.4	39.1
Completely bedfast residents.	10	21.7	4.2	3.2
Residents confined to chairs.	24	52.2	61.5	52.3
Residents requiring restraints.	29	63.0	45.3	40.4
Confused or disoriented residents.	26	56.5	62.1	58.6
Residents with bed sores.	6	13.0	9.4	7.6
Residents receiving special skin care.	6	13.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F085* F115 F116 F134 F135 F170 F175
F176 F224 F236 F240 F242* F253 F259 F260
F261 F263 F321 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CENTRAL GARDENS CONV HOSP

Street Address:
1355 ELLIS ST

City and State:
SAN FRANCISCO, CA 94115

Participation:
MEDICARE/MEDICAID SNF

# of Beds:
88

Type of Ownership:
PROPRIETARY

Survey Date:
09/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
80

Medicare Residents:
5

Medicaid Residents:
55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	66.2	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	75	93.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	70	87.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	81.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	78.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	23.7	43.4	39.1
Completely bedfast residents.	1	1.2	4.2	3.2
Residents confined to chairs.	63	78.7	61.5	52.3
Residents requiring restraints.	39	48.7	45.3	40.4
Confused or disoriented residents.	43	53.7	62.1	58.6
Residents with bed sores.	5	6.3	9.4	7.6
Residents receiving special skin care.	28	35.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SAN FRANCISCO, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F076 F084 F105 F119 F126 F127* F128*
F131* F133* F134 F167* F176 F180 F182 F189
F191* F199 F205 F222 F224 F237* F250 F256
F260 F263 F319 F321 F347 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CONVALESCENT CENTER MISSION ST INC

Street Address: 5767 MISSION ST		**City and State:** SAN FRANCISCO, CA 94112	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 53	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
51	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	48	94.1	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	46	90.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	88.2	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	90.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	15	29.4	43.4	39.1
Completely bedfast residents.	1	2.0	4.2	3.2
Residents confined to chairs.	48	94.1	61.5	52.3
Residents requiring restraints.	46	90.2	45.3	40.4
Confused or disoriented residents.	43	84.3	62.1	58.6
Residents with bed sores.	4	7.8	9.4	7.6
Residents receiving special skin care.	4	7.8	30.5	31.4

SAN FRANCISCO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F119 F139 F170 F224 F263 F285 F288
F321 F340* F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GARDEN SULLIVAN HOSP PACIFIC MED CTR

Street Address: 2750 GEARY BLVD		**City and State:** SAN FRANCISCO, CA 94118	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 30	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
5	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	80.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	5	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	4	80.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	100	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	60.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	1	20.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	2	40.0	61.5	52.3
Residents requiring restraints.	2	40.0	45.3	40.4
Confused or disoriented residents.	2	40.0	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	2	40.0	30.5	31.4

SAN FRANCISCO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/NOT MET 87/88	FACILITY MET/NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F061 F085* F116 F127* F170 F175 F176
F205 F242* F321 F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HAYES CONVALESCENT HOSPITAL

Street Address: 1250 HAYES STREET		**City and State:** SAN FRANCISCO, CA 94117	
Participation: MEDICAID SNF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	0	4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	29	100	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	29	100	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	100	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	100	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	20	69.0	45.3	40.4
Confused or disoriented residents.	9	31.0	62.1	58.6
Residents with bed sores.	20	69.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	NOT MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076 F114 F117 F120 F121 F122* F182 F237*
F239 F240 F257 F262 F294 F321 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEBREW HOME FOR THE AGED

Street Address: 302 SILVER AVE		**City and State:** SAN FRANCISCO, CA 94112	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 414	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 367	**Medicare Residents:** 11	**Medicaid Residents:** 227

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	320	87.2	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	266	72.5	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	229	62.4	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	218	59.4	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	215	58.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	0.5	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	85	23.2	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	120	32.7	61.5	52.3
Residents requiring restraints.	108	29.4	45.3	40.4
Confused or disoriented residents.	201	54.8	62.1	58.6
Residents with bed sores.	16	4.4	9.4	7.6
Residents receiving special skin care.	130	35.4	30.5	31.4

SAN FRANCISCO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076 F129* F131* F169 F174 F176 F181* F205
F250 F261 F321 F328 F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLHAVEN SAN FRANCISCO

Street Address: 1359 PINE ST		**City and State:** SAN FRANCISCO, CA 94109	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
158	38	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	156	98.7	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	158	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	156	98.7	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	98.7	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	72.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	63	39.9	43.4	39.1
Completely bedfast residents.	14	8.9	4.2	3.2
Residents confined to chairs.	121	76.6	61.5	52.3
Residents requiring restraints.	74	46.8	45.3	40.4
Confused or disoriented residents.	104	65.8	62.1	58.6
Residents with bed sores.	15	9.5	9.4	7.6
Residents receiving special skin care.	3	1.9	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F073* F086 F087 F105 F116 F119 F128*
F131* F134 F169 F176 F191* F250 F255 F256
F259 F260 F263 F287 F321 F324* F342 F345*
F346 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLHAVEN VICTORIAN

Street Address: 2121 PINE ST		**City and State:** SAN FRANCISCO, CA 94115	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 17	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	62.1	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	80	92.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	67	77.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	79.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	72.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	28	32.2	43.4	39.1
Completely bedfast residents.	1	1.1	4.2	3.2
Residents confined to chairs.	30	34.5	61.5	52.3
Residents requiring restraints.	78	89.7	45.3	40.4
Confused or disoriented residents.	47	54.0	62.1	58.6
Residents with bed sores.	22	25.3	9.4	7.6
Residents receiving special skin care.	2	2.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F070 F094* F101 F118 F127* F129* F131* F139
F169 F175 F181* F219 F242* F250 F256 F257
F260 F287 F289 F293* F297 F313* F316 F321
F332* F335 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLHAVEN-LAWTON CONV HOSP

Street Address: 1575 7TH AVE		**City and State:** SAN FRANCISCO, CA 94122	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 3	**Medicaid Residents:** 3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	62	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	60	96.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	52	83.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	85.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	85.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	62	100	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	32.3	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	53	85.5	61.5	52.3
Residents requiring restraints.	49	79.0	45.3	40.4
Confused or disoriented residents.	35	56.5	62.1	58.6
Residents with bed sores.	7	11.3	9.4	7.6
Residents receiving special skin care.	62	100	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F115 F120 F134 F170 F227 F242* F250
F255 F261 F262 F263 F321 F332* F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLHAVEN-SAN FRANCISCO

Street Address: 2043 19TH AVENUE		**City and State:** SAN FRANCISCO, CA 94116	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
133	22	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	64.7	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	113	85.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	113	85.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	79.7	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	76.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	82	61.7	43.4	39.1
Completely bedfast residents.	4	3.0	4.2	3.2
Residents confined to chairs.	91	68.4	61.5	52.3
Residents requiring restraints.	64	48.1	45.3	40.4
Confused or disoriented residents.	61	45.9	62.1	58.6
Residents with bed sores.	8	6.0	9.4	7.6
Residents receiving special skin care.	9	6.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (snots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F068 F127* F134 F170 F175 F181* F251 F259
F263 F321 F324* F335 F340* F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAGUNA HONDA HOSP

Street Address: 375 LAGUNA HONDA BLVD	**City and State:** SAN FRANCISCO, CA 94116

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	1202	LOCAL GOVERNMENT	03/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
999	20	939

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	961	96.2	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	961	96.2	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	813	81.4	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	931	93.2	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	818	81.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	35	3.5	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	535	53.6	43.4	39.1
Completely bedfast residents.	9	0.9	4.2	3.2
Residents confined to chairs.	693	69.4	61.5	52.3
Residents requiring restraints.	617	61.8	45.3	40.4
Confused or disoriented residents.	685	68.6	62.1	58.6
Residents with bed sores.	35	3.5	9.4	7.6
Residents receiving special skin care.	383	38.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	NOT MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F061 F076 F114 F119 F126 F129* F130
F169 F170 F180 F191* F217 F218* F236 F237*
F240 F242* F243 F246 F255 F256 F258 F260
F261 F262 F264 F279 F283 F286 F287 F288
F289 F293* F294 F298 F309 F313* F321 F322*
F324* F332* F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARSHAL HALE MEMORIAL HOSP

Street Address: 3773 SACRAMENTO ST		**City and State:** SAN FRANCISCO, CA 94118	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 37	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/17/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
20	16	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	55.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	18	90.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	18	90.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	90.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	80.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	10.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	8	40.0	43.4	39.1
Completely bedfast residents.	2	10.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	3	15.0	45.3	40.4
Confused or disoriented residents.	4	20.0	62.1	58.6
Residents with bed sores.	3	15.0	9.4	7.6
Residents receiving special skin care.	6	30.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F056 F061 F080* F094* F110 F126 F130
F134 F135 F169 F191* F227 F240 F242* F243
F251 F261 F262 F263 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MISSION BAY CONVALESCENT HOSPITAL

Street Address: 331 PENNSYLVANIA AVE		**City and State:** SAN FRANCISCO, CA 94107	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	2	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	93.5	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	46	100	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	42	91.3	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	82.6	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	65.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	32.6	43.4	39.1
Completely bedfast residents.	2	4.3	4.2	3.2
Residents confined to chairs.	6	13.0	61.5	52.3
Residents requiring restraints.	1	2.2	45.3	40.4
Confused or disoriented residents.	21	45.7	62.1	58.6
Residents with bed sores.	1	2.2	9.4	7.6
Residents receiving special skin care.	8	17.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F176 F250 F263 F274 F288 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MISSION VILLA CONV HOSP

Street Address: 1420 HAMPSHIRE ST		**City and State:** SAN FRANCISCO, CA 94110	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
43	6	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	100	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	43	100	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	43	100	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	100	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	93.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	32.6	43.4	39.1
Completely bedfast residents.	2	4.7	4.2	3.2
Residents confined to chairs.	25	58.1	61.5	52.3
Residents requiring restraints.	24	55.8	45.3	40.4
Confused or disoriented residents.	40	93.0	62.1	58.6
Residents with bed sores.	6	14.0	9.4	7.6
Residents receiving special skin care.	4	9.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F130 F134 F135 F173* F175 F227 F259
F263 F277 F310 F321 F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MT.ZION HOSPITAL SNF/DP

Street Address:
1600 DIVISADERO ST

City and State:
SAN FRANCISCO, CA 94120

Participation:
MEDICARE/MEDICAID SNF

# of Beds:
31

Type of Ownership:
NON-PROFIT PRIVATE

Survey Date:
01/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
30

Medicare Residents:
25

Medicaid Residents:
3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	96.7	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	30	100	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	30	100	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	76.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	6.7	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	83.3	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	1	3.3	45.3	40.4
Confused or disoriented residents.	24	80.0	62.1	58.6
Residents with bed sores.	6	20.0	9.4	7.6
Residents receiving special skin care.	30	100	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050
F085*
F129*
F130
F170
F199
F236
F242*
F263
F321
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PINE TOWERS CONVALESCENT HOSPITAL

Street Address: 2707 PINE ST		**City and State:** SAN FRANCISCO, CA 94115	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	8	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	99.1	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	108	97.3	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	86	77.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	74.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	81.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	26	23.4	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	38	34.2	43.4	39.1
Completely bedfast residents.	3	2.7	4.2	3.2
Residents confined to chairs.	54	48.6	61.5	52.3
Residents requiring restraints.	46	41.4	45.3	40.4
Confused or disoriented residents.	86	77.5	62.1	58.6
Residents with bed sores.	8	7.2	9.4	7.6
Residents receiving special skin care.	31	27.9	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	NOT MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F076 F114 F115 F118 F119 F122* F134
F135 F170 F175 F227 F242* F256 F259 F260
F263 F321 F336 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RALPH K DAVIES MEDICAL CENTER

Street Address: CASTRO + DUBOCE STS	**City and State:** SAN FRANCISCO, CA 94114

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 36	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 16	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	85.7	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	25	89.3	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	16	57.1	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	85.7	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	82.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	7	25.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	39.3	43.4	39.1
Completely bedfast residents.	4	14.3	4.2	3.2
Residents confined to chairs.	17	60.7	61.5	52.3
Residents requiring restraints.	7	25.0	45.3	40.4
Confused or disoriented residents.	3	10.7	62.1	58.6
Residents with bed sores.	6	21.4	9.4	7.6
Residents receiving special skin care.	10	35.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F116 F128* F134 F135 F179 F224 F227
F242* F250 F253 F255 F258 F263 F285 F297
F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAN FRANCISCO COMM CONV HOSP

Street Address: 2655 BUSH ST		**City and State:** SAN FRANCISCO, CA 94115	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
109	9	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	87.2	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	101	92.7	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	91	83.5	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	85.3	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	73.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	52.3	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	68	62.4	61.5	52.3
Residents requiring restraints.	56	51.4	45.3	40.4
Confused or disoriented residents.	62	56.9	62.1	58.6
Residents with bed sores.	79	72.5	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F076 F089 F127* F134 F170 F175 F181*
F261 F263 F272 F336

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SEQUOIAS THE

Street Address: 1501 POST ST BOX 7	**City and State:** SAN FRANCISCO, CA 94109

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	40	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	26	65.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	80.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	65.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	32.5	43.4	39.1
Completely bedfast residents.	1	2.5	4.2	3.2
Residents confined to chairs.	10	25.0	61.5	52.3
Residents requiring restraints.	17	42.5	45.3	40.4
Confused or disoriented residents.	29	72.5	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	9	22.5	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F174 F206 F219 F227 F259 F260 F261
F321 F336

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHEFFIELD CONV HOSP

Street Address: 1133 S VAN NESS AVE		**City and State:** SAN FRANCISCO, CA 94110	
Participation: MEDICARE SNF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	94.1	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	33	97.1	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	30	88.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	88.2	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	79.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	15	44.1	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	31	91.2	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	24	70.6	62.1	58.6
Residents with bed sores.	1	2.9	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076 F116 F119 F169 F170 F255 F261 F263
F314 F321 F324* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST ANNE'S HOME

Street Address: 300 LAKE ST		**City and State:** SAN FRANCISCO, CA 94118	
Participation: MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/01/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	97.8	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	45	97.8	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	41	89.1	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	89.1	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	97.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	100	43.4	39.1
Completely bedfast residents.	37	80.4	4.2	3.2
Residents confined to chairs.	9	19.6	61.5	52.3
Residents requiring restraints.	31	67.4	45.3	40.4
Confused or disoriented residents.	1	2.2	62.1	58.6
Residents with bed sores.	13	28.3	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F232 F240 F250 F252 F321 F331

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST LUKES HOSP SNF/DP

Street Address: 3555 ARMY ST		**City and State:** SAN FRANCISCO, CA 94110	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 34	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 23	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	85.3	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	34	100	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	32	94.1	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	94.1	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	50.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	17.6	43.4	39.1
Completely bedfast residents.	1	2.9	4.2	3.2
Residents confined to chairs.	5	14.7	61.5	52.3
Residents requiring restraints.	24	70.6	45.3	40.4
Confused or disoriented residents.	20	58.8	62.1	58.6
Residents with bed sores.	4	11.8	9.4	7.6
Residents receiving special skin care.	17	50.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F115 F127* F129* F132* F133* F191* F257
F260 F287 F293* F297 F310 F323 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST MARYS HOSP & MEDICAL CENTER

Street Address: 450 STANYAN STREET		**City and State:** SAN FRANCISCO, CA 94117	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 33	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
23	20	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	91.3	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	21	91.3	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	22	95.7	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	91.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	52.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	8.7	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	14	60.9	43.4	39.1
Completely bedfast residents.	5	21.7	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	6	26.1	62.1	58.6
Residents with bed sores.	3	13.0	9.4	7.6
Residents receiving special skin care.	9	39.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076 F096 F135 F182 F186 F242* F257 F259
F260 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST. FRANCIS MEMORIAL HOSPITAL

Street Address: 900 HYDE ST	**City and State:** SAN FRANCISCO, CA 94109

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 23	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/02/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 18	**Medicaid Residents:** 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	95.7	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	23	100	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	23	100	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	100	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	39.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	7	30.4	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	34.8	43.4	39.1
Completely bedfast residents.	1	4.3	4.2	3.2
Residents confined to chairs.	11	47.8	61.5	52.3
Residents requiring restraints.	1	4.3	45.3	40.4
Confused or disoriented residents.	6	26.1	62.1	58.6
Residents with bed sores.	1	4.3	9.4	7.6
Residents receiving special skin care.	2	8.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F055 F059 F167* F169 F170 F175 F179
F182 F191* F196* F204 F205 F207 F236

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALDERWOOD MANOR CONVALESCENT HOSPITAL

Street Address: 115 BRIDGE STREET	**City and State:** SAN GABRIEL, CA 91775

Participation: MEDICARE SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 5	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	90.1	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	72	88.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	72	88.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	86.4	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	90.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	4	4.9	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	49	60.5	43.4	39.1
Completely bedfast residents.	1	1.2	4.2	3.2
Residents confined to chairs.	40	49.4	61.5	52.3
Residents requiring restraints.	52	64.2	45.3	40.4
Confused or disoriented residents.	34	42.0	62.1	58.6
Residents with bed sores.	7	8.6	9.4	7.6
Residents receiving special skin care.	40	49.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F103	F105	F118	F124	F126	F127*	F128*	F130
F133*	F134	F169	F170	F180	F181*	F182	F207
F224	F237*	F242*	F243	F244	F324*	F332*	F342
F346	F355	F359					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROADWAY CONVALESCENT HOSPITAL

Street Address: 112 E BROADWAY		**City and State:** SAN GABRIEL, CA 91776	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/07/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	2	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	73.7	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	48	84.2	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	52	91.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	86.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	78.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	52.6	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	43	75.4	61.5	52.3
Residents requiring restraints.	31	54.4	45.3	40.4
Confused or disoriented residents.	35	61.4	62.1	58.6
Residents with bed sores.	5	8.8	9.4	7.6
Residents receiving special skin care.	8	14.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F076 F102 F115 F116 F126 F127* F128*
F134 F167* F169 F170 F173* F181* F191* F195
F196* F199 F240 F242* F245 F256 F261 F263
F287 F321 F322* F331 F332* F335 F342 F345*
F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COMMUNITY CONV HOSP OF SAN GABRIEL

Street Address: 537 WEST LIVE OAK AVENUE		**City and State:** SAN GABRIEL, CA 91776	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	3	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	84.5	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	65	91.5	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	65	91.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	93.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	90.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.4	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	47	66.2	43.4	39.1
Completely bedfast residents.	2	2.8	4.2	3.2
Residents confined to chairs.	63	88.7	61.5	52.3
Residents requiring restraints.	57	80.3	45.3	40.4
Confused or disoriented residents.	60	84.5	62.1	58.6
Residents with bed sores.	20	28.2	9.4	7.6
Residents receiving special skin care.	20	28.2	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F060 F061 F084 F085* F102 F105 F126
F127* F128* F130 F132* F136 F169 F170 F173*
F176 F180 F191* F199 F206 F218* F236 F237*
F243 F244 F250 F263 F287 F288 F318 F321
F324* F346 F353 F354 F356

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FERNVIEW CONVALESCENT HOSPITAL

Street Address: 126 N SAN GABRIEL BOULEVARD		**City and State:** SAN GABRIEL, CA 91775	
Participation: MEDICARE SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
63	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	98.4	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	63	100	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	60	95.2	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	95.2	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	79.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.6	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	60.3	43.4	39.1
Completely bedfast residents.	3	4.8	4.2	3.2
Residents confined to chairs.	40	63.5	61.5	52.3
Residents requiring restraints.	33	52.4	45.3	40.4
Confused or disoriented residents.	55	87.3	62.1	58.6
Residents with bed sores.	9	14.3	9.4	7.6
Residents receiving special skin care.	4	6.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F128* F132* F134 F135 F169 F170 F181*
F185 F199 F227 F237* F242* F250 F263 F287
F313* F321 F332* F342 F345* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MISSION CONVALESCENT HOSPITAL

Street Address: 909 W SANTA ANITA AVENUE	**City and State:** SAN GABRIEL, CA 91775

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 10	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	86.5	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	88	98.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	88	98.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	100	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	86.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.2	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	53	59.6	43.4	39.1
Completely bedfast residents.	1	1.1	4.2	3.2
Residents confined to chairs.	82	92.1	61.5	52.3
Residents requiring restraints.	64	71.9	45.3	40.4
Confused or disoriented residents.	50	56.2	62.1	58.6
Residents with bed sores.	7	7.9	9.4	7.6
Residents receiving special skin care.	20	22.5	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100
F114
F116
F124
F126
F127*
F128*
F132*
F134
F139
F170
F173*
F176
F182
F199
F218*
F219
F224
F236
F237*
F242*
F250
F252
F253
F255
F259
F279
F288
F321
F332*
F336
F342
F345*
F349
F351
F353
F354
F355
F356

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAN GABRIEL VALLEY MEDICAL CENTER

Street Address: 218 S SANTA ANITA STREET	**City and State:** SAN GABRIEL, CA 91776

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 301	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
17	13	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	94.1	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	17	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	17	100	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	94.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	100	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	5.9	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	100	43.4	39.1
Completely bedfast residents.	1	5.9	4.2	3.2
Residents confined to chairs.	15	88.2	61.5	52.3
Residents requiring restraints.	2	11.8	45.3	40.4
Confused or disoriented residents.	5	29.4	62.1	58.6
Residents with bed sores.	3	17.6	9.4	7.6
Residents receiving special skin care.	14	82.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F126 F134 F169 F170 F173* F240 F242*
F243 F244 F250 F321 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAN MARINO MANOR

Street Address: 6812 N OAK AVENUE		**City and State:** SAN GABRIEL, CA 91775	
Participation: MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	78.2	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	43	78.2	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	16	29.1	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	65.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	27.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	7	12.7	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	4	7.3	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	55	100	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	2	3.6	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SAN GABRIEL, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F126 F134 F170 F191* F196* F199 F260
F321 F328 F332* F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COLONIAL CONVALESCENT HOSPITAL

Street Address: 980 WEST SEVENTH STREET		**City and State:** SAN JACINTO, CA 92383	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	7	14

Caution. A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	95.5	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	42	95.5	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	42	95.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	93.2	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	84.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	4.5	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	50.0	43.4	39.1
Completely bedfast residents.	4	9.1	4.2	3.2
Residents confined to chairs.	30	68.2	61.5	52.3
Residents requiring restraints.	17	38.6	45.3	40.4
Confused or disoriented residents.	39	88.6	62.1	58.6
Residents with bed sores.	4	9.1	9.4	7.6
Residents receiving special skin care.	7	15.9	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F097 F102 F105 F118 F119 F126 F135
F170 F181* F199 F206 F217 F250 F260 F301
F310 F322* F327

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AGNEWS STATE HOSP

Street Address: 3500 ZANKER ROAD	**City and State:** SAN JOSE, CA 95134

Participation: MEDICAID SNF	**# of Beds:** 366	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 08/19/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	0	0.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	30	90.9	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	33	100	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	0	0.0	62.1	58.6
Residents with bed sores.	3	9.1	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SAN JOSE, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	NOT MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F094* F124 F126 F128* F133* F134 F167* F170
F199 F218* F242* F261 F264 F277 F318 F321
F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALEXIAN BROTHERS HOSPITAL

Street Address: 225 N JACKSON AVE		**City and State:** SAN JOSE, CA 95116	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 20	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/16/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
17	11	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	17	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	17	100	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	100	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	82.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	76.5	43.4	39.1
Completely bedfast residents.	1	5.9	4.2	3.2
Residents confined to chairs.	16	94.1	61.5	52.3
Residents requiring restraints.	3	17.6	45.3	40.4
Confused or disoriented residents.	15	88.2	62.1	58.6
Residents with bed sores.	3	17.6	9.4	7.6
Residents receiving special skin care.	6	35.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F170 F176 F191* F199 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BELLEROSE CONV HOSP

Street Address: 160 BELLEROSE AVE		**City and State:** SAN JOSE, CA 95128	
Participation: MEDICAID SNF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	94.9	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	35	89.7	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	35	89.7	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	87.2	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	82.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	48.7	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	20	51.3	45.3	40.4
Confused or disoriented residents.	0	0.0	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F257 F271 F274 F288 F294 F321 F322*
F334 F336 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BETHANY CONVALESCENT HOSPITAL

Street Address: 180 N JACKSON AVE	**City and State:** SAN JOSE, CA 95116

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 199	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	**Medicare Residents:** 10	**Medicaid Residents:** 148

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	146	85.4	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	153	89.5	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	129	75.4	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	80.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	72.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	0.6	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	67	39.2	43.4	39.1
Completely bedfast residents.	15	8.8	4.2	3.2
Residents confined to chairs.	128	74.9	61.5	52.3
Residents requiring restraints.	85	49.7	45.3	40.4
Confused or disoriented residents.	111	64.9	62.1	58.6
Residents with bed sores.	19	11.1	9.4	7.6
Residents receiving special skin care.	39	22.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SAN JOSE, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F103 F105 F117 F118 F127* F129*
F135 F139 F170 F196* F199 F250 F251 F252
F263 F321 F323 F332* F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CALIFORNIA P E O HOME

Street Address: 10 KIRK AVE		**City and State:** SAN JOSE, CA 95127	
Participation: MEDICAID SNF	**# of Beds:** 22	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
18	0	4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	44.4	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	12	66.7	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	17	94.4	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	100	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	72.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	27.8	43.4	39.1
Completely bedfast residents.	1	5.6	4.2	3.2
Residents confined to chairs.	7	38.9	61.5	52.3
Residents requiring restraints.	7	38.9	45.3	40.4
Confused or disoriented residents.	12	66.7	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	4	22.2	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F170 F227 F257 F263 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CASA SERENA SKILLED NSG & REHAB HSP

Street Address: 1990 FRUITDALE AVE		**City and State:** SAN JOSE, CA 95128	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 153	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
120	18	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	85.8	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	105	87.5	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	106	88.3	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	88.3	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	88.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	75	62.5	43.4	39.1
Completely bedfast residents.	4	3.3	4.2	3.2
Residents confined to chairs.	64	53.3	61.5	52.3
Residents requiring restraints.	23	19.2	45.3	40.4
Confused or disoriented residents.	101	84.2	62.1	58.6
Residents with bed sores.	16	13.3	9.4	7.6
Residents receiving special skin care.	26	21.7	30.5	31.4

SAN JOSE, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	NOT MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	NOT MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F061 F064 F080* F084 F086 F094* F096
F098 F100 F101 F102 F103 F105 F106* F114
F115 F116 F123* F124 F126 F127* F130 F131*
F132* F133* F134 F135 F137 F138 F139 F141
F142 F167* F169 F170 F171 F173* F174 F176
F177 F178 F179 F180 F181* F182 F183 F185
F189 F191* F196* F199 F217 F222 F231 F232
F234 F236 F239 F240 F242* F243 F244 F246
F247 F248 F250 F254 F255 F257 F258 F259
F260 F261 F262 F264 F287 F288 F321 F322*
F324* F326 F328 F329 F330 F331 F332* F343
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTWOOD MANOR

Street Address: 1425 FRUITDALE AVE		**City and State:** SAN JOSE, CA 95128	
Participation: MEDICAID SNF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
174	0	173

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	0	0.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	97	55.7	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F191* F263 F321 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DRIFTWOOD CONV HOSP

Street Address: 2065 LOS GATOS-ALMADEN RD		**City and State:** SAN JOSE, CA 95124	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	12	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	97.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	63	95.5	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	58	87.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	86.4	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	90.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	25.8	43.4	39.1
Completely bedfast residents.	3	4.5	4.2	3.2
Residents confined to chairs.	59	89.4	61.5	52.3
Residents requiring restraints.	29	43.9	45.3	40.4
Confused or disoriented residents.	38	57.6	62.1	58.6
Residents with bed sores.	2	3.0	9.4	7.6
Residents receiving special skin care.	7	10.6	30.5	31.4

SAN JOSE, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SAN JOSE, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F120 F127* F128* F132* F135 F170 F206 F263
F321 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EAST VALLEY PAVILION

Street Address: 101 JOSE FIGUERES AVE		**City and State:** SAN JOSE, CA 95116	
Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	0	0.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	96	100	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SAN JOSE, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F135 F169 F199 F206 F321 F330 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EMPRESS CONV HOSP

Street Address: 1299 S BASCOM AVE	**City and State:** SAN JOSE, CA 95128

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/05/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 3	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	64.2	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	57	85.1	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	60	89.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	89.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	83.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	3.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	38.8	43.4	39.1
Completely bedfast residents.	1	1.5	4.2	3.2
Residents confined to chairs.	59	88.1	61.5	52.3
Residents requiring restraints.	41	61.2	45.3	40.4
Confused or disoriented residents.	50	74.6	62.1	58.6
Residents with bed sores.	3	4.5	9.4	7.6
Residents receiving special skin care.	11	16.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F115 F169 F254 F256 F257 F263 F282 F321
F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EVERGREEN HEALTHCARE

Street Address: 2501 ALVIN AVENUE		**City and State:** SAN JOSE, CA 95121	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 163	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
2	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	100	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	1	50.0	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	1	50.0	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	2	100	61.5	52.3
Residents requiring restraints.	1	50.0	45.3	40.4
Confused or disoriented residents.	1	50.0	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HERMAN SANITARIUM, THE

Street Address:
2295 PLUMMER AVE

City and State:
SAN JOSE, CA 95125

Participation:
MEDICAID SNF

# of Beds:
99

Type of Ownership:
PROPRIETARY

Survey Date:
06/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
84

Medicare Residents:
0

Medicaid Residents:
40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	83.3	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	61	72.6	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	32	38.1	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	46.4	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	63.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	38.1	43.4	39.1
Completely bedfast residents.	4	4.8	4.2	3.2
Residents confined to chairs.	15	17.9	61.5	52.3
Residents requiring restraints.	16	19.0	45.3	40.4
Confused or disoriented residents.	84	100	62.1	58.6
Residents with bed sores.	2	2.4	9.4	7.6
Residents receiving special skin care.	23	27.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	NOT MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051* F084 F091* F094* F102 F126 F169 F170
F196* F199 F224 F234 F236 F240 F242* F243
F250 F263 F283 F293* F295 F313* F318 F321
F336 F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOMEWOOD CONVALESCENT HOSPITAL

Street Address: 75 N 13TH ST	**City and State:** SAN JOSE, CA 95112

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 58	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 6	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	90.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	50	94.3	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	50	94.3	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	90.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	77.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	3.8	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	56.6	43.4	39.1
Completely bedfast residents.	1	1.9	4.2	3.2
Residents confined to chairs.	37	69.8	61.5	52.3
Residents requiring restraints.	29	54.7	45.3	40.4
Confused or disoriented residents.	42	79.2	62.1	58.6
Residents with bed sores.	2	3.8	9.4	7.6
Residents receiving special skin care.	24	45.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SAN JOSE, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F169 F182 F189 F191* F199 F263 F321
F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LINCOLN GLEN MANOR

Street Address: 2671 PLUMMER AVE		**City and State:** SAN JOSE, CA 95125	
Participation: MEDICAID ICF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/04/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	100	56.1	78.5
Dressing				
Residents requiring some or total assistance in dressing.	18	37.5	33.6	76.5
Toileting				
Residents requiring some or total assistance in toileting.	12	25.0	10.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	4.2	10.0	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	27.1	12.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	2.1	4.3	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	0	0.0	7.8	40.9
Residents requiring restraints.	0	0.0	0.7	30.9
Confused or disoriented residents.	19	39.6	31.8	55.4
Residents with bed sores.	0	0.0	0.8	4.8
Residents receiving special skin care.	0	0.0	7.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	2	5.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	2.9	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	5.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	20.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	8	22.9	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	5.7	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	10	28.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	5.7	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	17.1	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	3	8.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	7	20.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	5	14.3	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	14	40.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	11	31.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	2.9	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	28.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	18	51.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	9	25.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	10	28.6	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	14	40.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	6	17.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	20	57.1	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LINCOLN GLEN SKILLED NURSING

Street Address: 2671 PLUMMER AVE		**City and State:** SAN JOSE, CA 95125	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	31	57.4	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	19	35.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	16.7	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	31.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	9.3	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	3	5.6	61.5	52.3
Residents requiring restraints.	6	11.1	45.3	40.4
Confused or disoriented residents.	25	46.3	62.1	58.6
Residents with bed sores.	1	1.9	9.4	7.6
Residents receiving special skin care.	4	7.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F071 F116 F126 F140 F170 F199 F205 F231
F242* F268 F321 F331 F332* F334 F335 F336
F340* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARCUS MANOR CONVALESCENT HOSP

Street Address: 264 N MORRISON AVE		**City and State:** SAN JOSE, CA 95126	
Participation: MEDICAID SNF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	28	93.3	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	26	86.7	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	90.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	66.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	14	46.7	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	24	80.0	61.5	52.3
Residents requiring restraints.	16	53.3	45.3	40.4
Confused or disoriented residents.	14	46.7	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	2	6.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F134 F135 F140 F169 F170 F176 F196*
F250 F252 F283 F314 F321 F323 F332* F340*
F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEADOWBROOK CONV HOSPITAL

Street Address: 340 NORTHLAKE DR	**City and State:** SAN JOSE, CA 95117

Participation: MEDICARE SNF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 16	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	89.3	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	25	89.3	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	25	89.3	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	92.9	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	78.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	6	21.4	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	92.9	43.4	39.1
Completely bedfast residents.	1	3.6	4.2	3.2
Residents confined to chairs.	16	57.1	61.5	52.3
Residents requiring restraints.	5	17.9	45.3	40.4
Confused or disoriented residents.	8	28.6	62.1	58.6
Residents with bed sores.	5	17.9	9.4	7.6
Residents receiving special skin care.	28	100	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F133* F135 F169 F170 F250 F253 F321
F324* F336

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MT PLEASANT CONV HOSP

Street Address: 1355 CLAYTON RD	**City and State:** SAN JOSE, CA 95127

Participation: MEDICAID SNF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	92.3	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	48	92.3	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	48	92.3	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	100	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	86.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	42.3	43.4	39.1
Completely bedfast residents.	4	7.7	4.2	3.2
Residents confined to chairs.	39	75.0	61.5	52.3
Residents requiring restraints.	20	38.5	45.3	40.4
Confused or disoriented residents.	29	55.8	62.1	58.6
Residents with bed sores.	4	7.7	9.4	7.6
Residents receiving special skin care.	12	23.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F070 F094* F100 F105 F120 F130 F132* F134
F169 F170 F176 F181* F196* F206 F263 F282
F321 F332* F335 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARK VIEW NURSING CENTER

Street Address: 120 JOSE FIGUERES AVE		**City and State:** SAN JOSE, CA 95116	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	5	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	95.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	83	91.2	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	73	80.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	80.2	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	89.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	43	47.3	43.4	39.1
Completely bedfast residents.	3	3.3	4.2	3.2
Residents confined to chairs.	51	56.0	61.5	52.3
Residents requiring restraints.	44	48.4	45.3	40.4
Confused or disoriented residents.	49	53.8	62.1	58.6
Residents with bed sores.	7	7.7	9.4	7.6
Residents receiving special skin care.	13	14.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were nct met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F061 F094* F113 F119 F126 F127* F135
F139 F173* F180 F196* F206 F252 F257 F272
F287 F293* F294 F297 F321 F340* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PLUM TREE CONVALESCENT HOSPITAL

Street Address: 2580 SAMARITAN DR		**City and State:** SAN JOSE, CA 95124	
Participation: MEDICARE SNF	**# of Beds:** 76	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 5	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	81.4	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	65	92.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	65	92.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	92.9	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	65.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.4	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	28	40.0	43.4	39.1
Completely bedfast residents.	1	1.4	4.2	3.2
Residents confined to chairs.	65	92.9	61.5	52.3
Residents requiring restraints.	55	78.6	45.3	40.4
Confused or disoriented residents.	28	40.0	62.1	58.6
Residents with bed sores.	8	11.4	9.4	7.6
Residents receiving special skin care.	25	35.7	30.5	31.4

SAN JOSE, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F134 F170 F199 F227 F256 F257 F258
F263 F272 F318 F321 F322* F332* F336 F342
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAN JOSE CARE & GUIDANCE CTR

Street Address: 401 RIDGE VISTA AVE		**City and State:** SAN JOSE, CA 95127	
Participation: MEDICAID SNF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
115	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	0	0.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	4.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	63	54.8	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	293	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F074 F086 F119 F126 F135 F170 F180
F186 F191* F207 F224 F230 F232 F263 F287
F297 F321 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAN TOMAS CONV HOSP

Street Address: 3580 PAYNE AVE		**City and State:** SAN JOSE, CA 95117	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	5	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	100	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	63	95.5	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	56	84.8	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	87.9	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	80.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.5	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	34.8	43.4	39.1
Completely bedfast residents.	5	7.6	4.2	3.2
Residents confined to chairs.	55	83.3	61.5	52.3
Residents requiring restraints.	22	33.3	45.3	40.4
Confused or disoriented residents.	30	45.5	62.1	58.6
Residents with bed sores.	4	6.1	9.4	7.6
Residents receiving special skin care.	7	10.6	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F174 F259 F263 F321 F332* F336

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SKYLINE CONVALESCENT HOSPITAL

Street Address:
2065 FOREST AVE

City and State:
SAN JOSE, CA 95128

Participation:
MEDICARE/MEDICAID SNF

# of Beds:
277

Type of Ownership:
PROPRIETARY

Survey Date:
06/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
257

Medicare Residents:
21

Medicaid Residents:
173

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	220	85.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	233	90.7	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	223	86.8	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	227	88.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	201	78.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	1.2	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	105	40.9	43.4	39.1
Completely bedfast residents.	17	6.6	4.2	3.2
Residents confined to chairs.	121	47.1	61.5	52.3
Residents requiring restraints.	112	43.6	45.3	40.4
Confused or disoriented residents.	151	58.8	62.1	58.6
Residents with bed sores.	33	12.8	9.4	7.6
Residents receiving special skin care.	120	46.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F105 F119 F126 F129* F134 F169 F170
F175 F176 F186 F227 F237* F256 F321 F342
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTGATE CONV CTR

Street Address: 1601 PETERSEN AVE		**City and State:** SAN JOSE, CA 95129	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 268	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
251	30	182

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	248	98.8	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	223	88.8	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	203	80.9	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	208	82.9	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	153	61.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	0.8	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	90	35.9	43.4	39.1
Completely bedfast residents.	6	2.4	4.2	3.2
Residents confined to chairs.	202	80.5	61.5	52.3
Residents requiring restraints.	3	1.2	45.3	40.4
Confused or disoriented residents.	179	71.3	62.1	58.6
Residents with bed sores.	18	7.2	9.4	7.6
Residents receiving special skin care.	69	27.5	30.5	31.4

SAN JOSE, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	NOT MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F101 F105 F115 F118 F122* F126 F127*
F128* F130 F135 F170 F176 F181* F182 F219
F242* F263 F283 F314 F318 F321 F335

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WILLOW GLEN CONV HOSP

Street Address: 1267 MERIDIAN AVE		**City and State:** SAN JOSE, CA 95125	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
120	9	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	89.2	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	108	90.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	101	84.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	85.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	75.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	2.5	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	43	35.8	43.4	39.1
Completely bedfast residents.	2	1.7	4.2	3.2
Residents confined to chairs.	61	50.8	61.5	52.3
Residents requiring restraints.	37	30.8	45.3	40.4
Confused or disoriented residents.	48	40.0	62.1	58.6
Residents with bed sores.	5	4.2	9.4	7.6
Residents receiving special skin care.	3	2.5	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F176 F313* F314 F321 F332* F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WINCHESTER LIVING CENTER

Street Address: 1250 S WINCHESTER BLVD		**City and State:** SAN JOSE, CA 95128	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
145	15	111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	136	93.8	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	140	96.6	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	133	91.7	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	79.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	110	75.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	0.7	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	76	52.4	43.4	39.1
Completely bedfast residents.	10	6.9	4.2	3.2
Residents confined to chairs.	125	86.2	61.5	52.3
Residents requiring restraints.	124	85.5	45.3	40.4
Confused or disoriented residents.	123	84.8	62.1	58.6
Residents with bed sores.	19	13.1	9.4	7.6
Residents receiving special skin care.	62	42.8	30.5	31.4

SAN JOSE, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F098 F100 F116 F123* F124 F126 F127* F128*
F129* F131* F132* F133* F134 F135 F137 F140
F142 F167* F169 F170 F171 F173* F175 F176
F180 F181* F182 F191* F199 F206 F215 F218*
F224 F236 F237* F242* F244 F250 F259 F260
F263 F272 F295 F316 F318 F321 F323 F324*
F332* F340* F346 F349 F358

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BANCROFT CONV HOSP

Street Address: 1475 BANCROFT AVE		**City and State:** SAN LEANDRO, CA 94577	
Participation: MEDICARE SNF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
38	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	97.4	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	38	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	37	97.4	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	97.4	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	97.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	25	65.8	43.4	39.1
Completely bedfast residents.	4	10.5	4.2	3.2
Residents confined to chairs.	19	50.0	61.5	52.3
Residents requiring restraints.	28	73.7	45.3	40.4
Confused or disoriented residents.	28	73.7	62.1	58.6
Residents with bed sores.	4	10.5	9.4	7.6
Residents receiving special skin care.	13	34.2	30.5	31.4

SAN LEANDRO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F085* F102 F105 F119 F126 F128* F132*
F134 F135 F169 F170 F173* F174 F175 F182
F191* F227 F256 F258 F261 F263 F297 F318
F321 F324* F328 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARE WEST-WASHINGTON MANOR NURSING CTR

Street Address: 14766 WASHINGTON AVE		**City and State:** SAN LEANDRO, CA 94578	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
87	4	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	89.7	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	79	90.8	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	61	70.1	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	65.5	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	66.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	26.4	43.4	39.1
Completely bedfast residents.	2	2.3	4.2	3.2
Residents confined to chairs.	47	54.0	61.5	52.3
Residents requiring restraints.	57	65.5	45.3	40.4
Confused or disoriented residents.	49	56.3	62.1	58.6
Residents with bed sores.	5	5.7	9.4	7.6
Residents receiving special skin care.	25	28.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SAN LEANDRO, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F060 F070 F085* F094* F115 F119 F126
F134 F135 F169 F170 F176 F197 F199 F227
F236 F251 F259 F260 F261 F263 F288 F293*
F318 F319 F321 F324* F328 F329 F330 F332*
F335 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FAIRMONT HOSPITAL - SNF

Street Address: 15400 FOOTHILL BLVD

City and State: SAN LEANDRO, CA 94578

Participation: MEDICARE/MEDICAID SNF

# of Beds: 123

Type of Ownership: LOCAL GOVERNMENT

Survey Date: 03/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119

Medicare Residents: 43

Medicaid Residents: 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	87.4	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	113	95.0	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	113	95.0	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	92.4	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	92.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	8	6.7	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	90	75.6	43.4	39.1
Completely bedfast residents.	42	35.3	4.2	3.2
Residents confined to chairs.	56	47.1	61.5	52.3
Residents requiring restraints.	69	58.0	45.3	40.4
Confused or disoriented residents.	86	72.3	62.1	58.6
Residents with bed sores.	35	29.4	9.4	7.6
Residents receiving special skin care.	56	47.1	30.5	31.4

SAN LEANDRO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	NOT MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F079* F084 F085* F086 F097 F101 F102
F105 F126 F129* F134 F135 F167* F169 F170
F189 F191* F224 F233 F234 F236 F237* F242*
F248 F255 F256 F258 F259 F260 F261 F262
F263 F264 F285 F289 F295 F318 F321 F322*
F323 F340* F342 F345* F350

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLHAVEN SAN LEANDRO

Street Address: 368 JUANA AVE		**City and State:** SAN LEANDRO, CA 94577	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	9	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	58	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	58	100	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	89.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.7	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	15	25.9	43.4	39.1
Completely bedfast residents.	9	15.5	4.2	3.2
Residents confined to chairs.	22	37.9	61.5	52.3
Residents requiring restraints.	38	65.5	45.3	40.4
Confused or disoriented residents.	48	82.8	62.1	58.6
Residents with bed sores.	2	3.4	9.4	7.6
Residents receiving special skin care.	48	82.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F064 F073* F097 F101 F118 F126 F127* F132*
F134 F167* F169 F170 F180 F181* F182 F196*
F199 F206 F242* F243 F244 F251 F252 F255
F260 F263 F293* F318 F321 F340* F342 F345*
F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARKLAND CONV HOSP

Street Address: 1440 168TH AVE		**City and State:** SAN LEANDRO, CA 94578	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 176	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
140	10	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	65.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	130	92.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	121	86.4	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	86.4	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	66.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	0.7	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	44	31.4	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	121	86.4	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	87	62.1	62.1	58.6
Residents with bed sores.	30	21.4	9.4	7.6
Residents receiving special skin care.	73	52.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	NOT MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F069 F085* F094* F098 F100 F101 F102 F105
F109 F114 F115 F116 F117 F119 F122* F124
F126 F127* F128* F129* F130 F131* F132* F133*
F134 F167* F169 F170 F171 F173* F174 F175
F176 F196* F206 F207 F227 F232 F240 F242*
F244 F246 F248 F250 F251 F254 F255 F256
F257 F258 F259 F260 F261 F263 F264 F275
F277 F287 F289 F293* F294 F297 F313* F318
F319 F320 F321 F322* F324* F331 F332* F336
F339 F340* F342 F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PHYSICIANS COMMUNITY HOSPITAL

Street Address: 2800 BENEDICT DR		**City and State:** SAN LEANDRO, CA 94577	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 15	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	72.2	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	16	88.9	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	15	83.3	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	94.4	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	22.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.4	39.1
Completely bedfast residents.	1	5.6	4.2	3.2
Residents confined to chairs.	1	5.6	61.5	52.3
Residents requiring restraints.	2	11.1	45.3	40.4
Confused or disoriented residents.	3	16.7	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SAN LEANDRO, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F119 F127* F134 F170 F181* F227 F236
F255 F258 F260 F263 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST LUKES CONV HOSP

Street Address: 15675 MAUBERT AVE	**City and State:** SAN LEANDRO, CA 94578

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 27	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	83.6	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	66	98.5	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	66	98.5	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	98.5	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	97.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	74.6	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	63	94.0	61.5	52.3
Residents requiring restraints.	24	35.8	45.3	40.4
Confused or disoriented residents.	62	92.5	62.1	58.6
Residents with bed sores.	9	13.4	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	NOT MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F079* F085* F096 F100 F105 F119 F126
F133* F134 F135 F137 F138 F167* F169 F170
F173* F175 F191* F196* F199 F206 F207 F234
F236 F237* F242* F253 F259 F260 F261 F263
F269 F272 F285 F289 F293* F295 F297 F321
F332* F336 F340* F345* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VILLA FAIRMONT MENTAL HEALTH CENTER

Street Address: 15200 FOOTHILL BLVD	**City and State:** SAN LEANDRO, CA 94578

Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	14.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	5	5.2	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	4	4.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	4.2	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	8.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	6	6.3	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	1	1.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	36	37.5	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	22	22.9	30.5	31.4

SAN LEANDRO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F169 F170 F256 F260 F262 F263 F285
F293* F313* F318 F321 F332* F336 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WASHINGTON CONV HOSP

Street Address: 2274 WASHINGTON AVE	**City and State:** SAN LEANDRO, CA 94577

Participation: MEDICAID SNF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	76.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	23	92.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	17	68.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	76.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	68.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	52.0	43.4	39.1
Completely bedfast residents.	1	4.0	4.2	3.2
Residents confined to chairs.	20	80.0	61.5	52.3
Residents requiring restraints.	9	36.0	45.3	40.4
Confused or disoriented residents.	14	56.0	62.1	58.6
Residents with bed sores.	2	8.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F089 F098 F100 F101 F102 F114 F116 F131*
F132* F134 F137 F140 F167* F169 F170 F171
F173* F174 F175 F176 F179 F180 F181* F182
F224 F234 F236 F237* F240 F242* F244 F252
F255 F260 F263 F286 F293* F297 F313* F320
F321 F324* F339 F340* F341 F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CABRILLO EXTENDED CARE HOSP

Street Address: 3033 AUGUSTA ST		**City and State:** SAN LUIS OBISPO, CA 93401	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
159	6	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	135	84.9	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	146	91.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	127	79.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	86.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	69.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	48	30.2	43.4	39.1
Completely bedfast residents.	10	6.3	4.2	3.2
Residents confined to chairs.	75	47.2	61.5	52.3
Residents requiring restraints.	75	47.2	45.3	40.4
Confused or disoriented residents.	115	72.3	62.1	58.6
Residents with bed sores.	12	7.5	9.4	7.6
Residents receiving special skin care.	159	100	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrance of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F062 F084 F092 F102 F105 F126 F132* F134
F135 F140 F170 F181* F206 F242* F252 F256
F261 F277 F287 F297 F318 F321 F330 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLHAVEN CARE CENTER

Street Address: 1425 WOODSIDE DR		**City and State:** SAN LUIS OBISPO, CA 93401	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 162	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
127	10	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	88.2	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	115	90.6	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	116	91.3	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	90.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	90.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	23.6	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	58	45.7	61.5	52.3
Residents requiring restraints.	43	33.9	45.3	40.4
Confused or disoriented residents.	83	65.4	62.1	58.6
Residents with bed sores.	27	21.3	9.4	7.6
Residents receiving special skin care.	23	18.1	30.5	31.4

SAN LUIS OBISPO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F086 F094* F098 F100 F101 F102 F116 F119
F124 F127* F128* F129* F131* F132* F134 F135
F139 F169 F170 F199 F206 F219 F237* F258
F259 F262 F263 F287 F324* F328 F336 F340*
F346 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROOKSIDE CONVALESCENT HOSPITAL

Street Address: 2620 FLORES STREET		**City and State:** SAN MATEO, CA 94403	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	2	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	93	97.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	85	89.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	85.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	76.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	34	35.8	43.4	39.1
Completely bedfast residents.	1	1.1	4.2	3.2
Residents confined to chairs.	37	38.9	61.5	52.3
Residents requiring restraints.	72	75.8	45.3	40.4
Confused or disoriented residents.	84	88.4	62.1	58.6
Residents with bed sores.	2	2.1	9.4	7.6
Residents receiving special skin care.	15	15.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F116 F134 F170 F173* F180 F189 F211
F255 F261 F263 F287 F319 F321 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRYSTAL SPRINGS REHAB HOSP

Street Address: 35 TOWER RD	**City and State:** SAN MATEO, CA 94402

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 124	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 5	**Medicaid Residents:** 105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	65.3	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	89	75.4	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	64	54.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	60.2	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	48.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	27.1	43.4	39.1
Completely bedfast residents.	11	9.3	4.2	3.2
Residents confined to chairs.	48	40.7	61.5	52.3
Residents requiring restraints.	26	22.0	45.3	40.4
Confused or disoriented residents.	47	39.8	62.1	58.6
Residents with bed sores.	11	9.3	9.4	7.6
Residents receiving special skin care.	46	39.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F085* F126 F127* F132* F170 F224 F250
F259 F261 F263 F285 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLSDALE MANOR CONV HOSP

Street Address: 2883 S NORFOLK ST		**City and State:** SAN MATEO, CA 94403	
Participation: MEDICARE SNF	**# of Beds:** 61	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	96.6	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	57	98.3	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	55	94.8	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	94.8	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	94.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.7	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	24.1	43.4	39.1
Completely bedfast residents.	3	5.2	4.2	3.2
Residents confined to chairs.	32	55.2	61.5	52.3
Residents requiring restraints.	43	74.1	45.3	40.4
Confused or disoriented residents.	29	50.0	62.1	58.6
Residents with bed sores.	2	3.4	9.4	7.6
Residents receiving special skin care.	32	55.2	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SAN MATEO, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F076 F117 F118 F119 F134 F135 F169
F175 F199 F227 F236 F251 F252 F259 F261
F263 F277 F300 F305 F321 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MILLS MEMORIAL HOSPITAL SNF

Street Address: 101 S SAN MATEO DRIVE		**City and State:** SAN MATEO, CA 94401	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	3	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	98.4	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	61	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	59	96.7	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	96.7	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	86.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.6	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	35	57.4	43.4	39.1
Completely bedfast residents.	1	1.6	4.2	3.2
Residents confined to chairs.	32	52.5	61.5	52.3
Residents requiring restraints.	38	62.3	45.3	40.4
Confused or disoriented residents.	38	62.3	62.1	58.6
Residents with bed sores.	5	8.2	9.4	7.6
Residents receiving special skin care.	24	39.3	30.5	31.4

SAN MATEO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F069 F084 F100 F114 F116 F120 F128*
F129* F139 F169 F176 F180 F181* F206 F236
F253 F257 F260 F261 F287 F321 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAN MATEO CONV HOSP

Street Address: 453 N SAN MATEO DR

City and State: SAN MATEO, CA 94401

Participation: MEDICARE SNF

# of Beds: 34

Type of Ownership: NON-PROFIT PRIVATE

Survey Date: 02/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33

Medicare Residents: 0

Medicaid Residents: 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	90.9	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	30	90.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	30	90.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	84.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	81.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	3.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	54.5	43.4	39.1
Completely bedfast residents.	1	3.0	4.2	3.2
Residents confined to chairs.	15	45.5	61.5	52.3
Residents requiring restraints.	8	24.2	45.3	40.4
Confused or disoriented residents.	25	75.8	62.1	58.6
Residents with bed sores.	2	6.1	9.4	7.6
Residents receiving special skin care.	1	3.0	30.5	31.4

SAN MATEO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SAN MATEO, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F227 F250 F261 F293* F314 F332* F335
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BAYCREST NURSING CENTER

Street Address: 2140 VALE RD		**City and State:** SAN PABLO, CA 94806	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 57	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	100	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	43	95.6	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	41	91.1	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	93.3	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	88.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	48.9	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	39	86.7	61.5	52.3
Residents requiring restraints.	30	66.7	45.3	40.4
Confused or disoriented residents.	28	62.2	62.1	58.6
Residents with bed sores.	5	11.1	9.4	7.6
Residents receiving special skin care.	39	86.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F120 F124 F126 F127* F129* F130 F131*
F132* F133* F134 F141 F142 F170 F176 F178
F180 F207 F263 F277 F285 F287 F295 F297
F313* F321 F322* F339 F340* F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROOKSIDE HOSP SNF

Street Address: 2000 VALE ROAD		**City and State:** SAN PABLO, CA 94806	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 34	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Scurces of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	24	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	93.3	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	29	96.7	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	29	96.7	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	93.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	86.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	10.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	33.3	43.4	39.1
Completely bedfast residents.	1	3.3	4.2	3.2
Residents confined to chairs.	14	46.7	61.5	52.3
Residents requiring restraints.	9	30.0	45.3	40.4
Confused or disoriented residents.	12	40.0	62.1	58.6
Residents with bed sores.	11	36.7	9.4	7.6
Residents receiving special skin care.	17	56.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F126 F167* F169 F170 F180 F182 F224
F228 F252 F260 F261 F263 F285 F297 F321
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROOKVUE CONV HOSP

Street Address: 13328 SAN PABLO AVE		**City and State:** SAN PABLO, CA 94806	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
101	29	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	72.3	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	97	96.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	96	95.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	92.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	88.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	67	66.3	43.4	39.1
Completely bedfast residents.	1	1.0	4.2	3.2
Residents confined to chairs.	48	47.5	61.5	52.3
Residents requiring restraints.	54	53.5	45.3	40.4
Confused or disoriented residents.	54	53.5	62.1	58.6
Residents with bed sores.	5	5.0	9.4	7.6
Residents receiving special skin care.	17	16.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F061 F064 F068 F084 F096 F098 F101
F102 F116 F119 F126 F127* F129* F130 F131*
F132* F133* F134 F135 F167* F169 F170 F173*
F180 F181* F182 F191* F231 F242* F252 F253
F259 F260 F261 F263 F293* F297 F313* F318
F320 F321 F324* F332* F336 F340* F342 F345*
F346 F347 F349 F351 F353 F355 F356

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHURCH LANE CONV HOSPITAL

Street Address: 1900 CHURCH LN	**City and State:** SAN PABLO, CA 94806

Participation: MEDICARE SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/28/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	67.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	68	91.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	70	94.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	95.9	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	90.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.4	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	33	44.6	43.4	39.1
Completely bedfast residents.	5	6.8	4.2	3.2
Residents confined to chairs.	65	87.8	61.5	52.3
Residents requiring restraints.	62	83.8	45.3	40.4
Confused or disoriented residents.	60	81.1	62.1	58.6
Residents with bed sores.	3	4.1	9.4	7.6
Residents receiving special skin care.	9	12.2	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	NOT MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F070 F079* F080* F084 F093 F094* F098 F100
F101 F102 F105 F111* F113 F117 F118 F119
F124 F126 F127* F128* F130 F131* F132* F133*
F134 F135 F167* F170 F173* F175 F176 F181*
F185 F191* F196* F205 F206 F217 F234 F236
F237* F238 F242* F243 F251 F252 F255 F256
F261 F263 F273 F274 F293* F297 F298 F303
F305 F318 F321 F323 F324* F332* F342 F345*
F346 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VALE CARE CENTERR

Street Address: 13484 SAN PABLO AVE		**City and State:** SAN PABLO, CA 94806	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 202	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
193	20	159

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	143	74.1	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	180	93.3	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	182	94.3	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	182	94.3	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	182	94.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	4	2.1	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	39.9	43.4	39.1
Completely bedfast residents.	1	0.5	4.2	3.2
Residents confined to chairs.	179	92.7	61.5	52.3
Residents requiring restraints.	70	36.3	45.3	40.4
Confused or disoriented residents.	120	62.2	62.1	58.6
Residents with bed sores.	17	8.8	9.4	7.6
Residents receiving special skin care.	34	17.6	30.5	31.4

SAN PABLO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F094* F102 F105 F116 F117 F126 F127*
F128* F131* F134 F167* F169 F170 F173* F174
F175 F181* F196* F199 F252 F255 F256 F260
F261 F263 F264 F287 F288 F289 F293* F294
F297 F321 F322* F324* F332* F335 F342 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HARBOR VIEW HOUSE

Street Address: 921 S BEACON STREET		**City and State:** SAN PEDRO, CA 90731	
Participation: MEDICAID ICF	**# of Beds:** 83	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	86.1	56.1	78.5
Dressing Residents requiring some or total assistance in dressing.	20	27.8	33.6	76.5
Toileting Residents requiring some or total assistance in toileting.	1	1.4	10.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	10.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	1.4	12.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.3	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	0	0.0	7.8	40.9
Residents requiring restraints.	0	0.0	0.7	30.9
Confused or disoriented residents.	72	100	31.8	55.4
Residents with bed sores.	0	0.0	0.8	4.8
Residents receiving special skin care.	0	0.0	7.2	23.5

SAN PEDRO, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	5.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	2.9	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	5.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	7	20.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	8	22.9	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	5.7	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	10	28.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	5.7	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	17.1	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	3	8.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	7	20.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	5	14.3	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	14	40.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	11	31.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	2.9	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	28.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	18	51.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	9	25.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	10	28.6	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	14	40.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	6	17.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	20	57.1	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F102 F126 F127* F139 F168* F169
F170 F191* F256 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LITTLE SISTERS OF THE POOR

Street Address: 2100 SOUTH WESTERN AVENUE		**City and State:** SAN PEDRO, CA 90732	
Participation: MEDICAID SNF/ICF	**# of Beds:** 86	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	49.4	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	38	45.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	35	42.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	45.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	39.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.2	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	24.1	43.4	39.1
Completely bedfast residents.	1	1.2	4.2	3.2
Residents confined to chairs.	30	36.1	61.5	52.3
Residents requiring restraints.	18	21.7	45.3	40.4
Confused or disoriented residents.	29	34.9	62.1	58.6
Residents with bed sores.	1	1.2	9.4	7.6
Residents receiving special skin care.	48	57.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SAN PEDRO, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F084 F100 F102 F127* F134 F135 F169
F170 F173* F242* F288 F321 F323 F332* F346
F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LOS PALOS CONVALESCENT HOSPITAL

Street Address: 1430 W 6TH STREET		**City and State:** SAN PEDRO, CA 90732	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	52	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	100	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	91	100	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	75	82.4	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	80.2	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	80.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.2	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	67.0	43.4	39.1
Completely bedfast residents.	9	9.9	4.2	3.2
Residents confined to chairs.	60	65.9	61.5	52.3
Residents requiring restraints.	22	24.2	45.3	40.4
Confused or disoriented residents.	81	89.0	62.1	58.6
Residents with bed sores.	2	2.2	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	NOT MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	438	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F122* F127* F132* F133* F134 F136 F169
F173* F180 F185 F191* F250 F285 F287 F288
F294 F321 F322* F324* F328 F340* F345* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAN PEDRO & PENNISULA HOSP PAVILLION

Street Address: 1322 W 6TH STREET		**City and State:** SAN PEDRO, CA 90732	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 128	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
124	20	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	92.7	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	115	92.7	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	114	91.9	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	89.5	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	91.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	2.4	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	66.9	43.4	39.1
Completely bedfast residents.	7	5.6	4.2	3.2
Residents confined to chairs.	98	79.0	61.5	52.3
Residents requiring restraints.	85	68.5	45.3	40.4
Confused or disoriented residents.	106	85.5	62.1	58.6
Residents with bed sores.	15	12.1	9.4	7.6
Residents receiving special skin care.	91	73.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F114 F126 F127* F128* F134 F135 F169
F170 F174 F175 F191* F224 F250 F264 F306
F321 F324* F336 F342 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SEACREST CONVALESCENT HOSPITAL

Street Address: 1416 W 6TH ST		**City and State:** SAN PEDRO, CA 90732	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	3	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	88.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	66	94.3	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	67	95.7	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	95.7	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	82.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.9	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	47	67.1	43.4	39.1
Completely bedfast residents.	2	2.9	4.2	3.2
Residents confined to chairs.	44	62.9	61.5	52.3
Residents requiring restraints.	44	62.9	45.3	40.4
Confused or disoriented residents.	56	80.0	62.1	58.6
Residents with bed sores.	5	7.1	9.4	7.6
Residents receiving special skin care.	5	7.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F094*	F102	F116	F119	F127*	F128*	F132*
F134	F169	F173*	F231	F286	F321	F324*	F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FIFTH AVENUE CONV HOSP

Street Address: 1601 FIFTH AVE	**City and State:** SAN RAFAEL, CA 94901

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 57	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	6	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	57.1	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	41	73.2	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	38	67.9	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	75.0	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	53.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.8	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	26.8	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	33	58.9	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	29	51.8	62.1	58.6
Residents with bed sores.	2	3.6	9.4	7.6
Residents receiving special skin care.	16	28.6	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F127* F131* F134 F169 F176 F181* F205
F206 F227 F237* F250 F263 F264 F297 F313*
F319 F321 F322* F332* F340* F342 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLSIDE MANOR CONV HOSP

Street Address: 81 PROFESSIONAL CENTER PARKWAY	**City and State:** SAN RAFAEL, CA 94903

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/27/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 5	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	70.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	82	91.1	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	83	92.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	73.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	81.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	36	40.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	48	53.3	61.5	52.3
Residents requiring restraints.	44	48.9	45.3	40.4
Confused or disoriented residents.	46	51.1	62.1	58.6
Residents with bed sores.	11	12.2	9.4	7.6
Residents receiving special skin care.	40	44.4	30.5	31.4

SAN RAFAEL, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F101 F105 F114 F128* F129* F135 F170
F181* F206 F224 F259 F260 F262 F263 F279
F284 F321 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NAZARETH HOUSE

Street Address: 245 NOVA ALBION WAY		**City and State:** SAN RAFAEL, CA 94903	
Participation: MEDICAID SNF	**# of Beds:** 45	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/04/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	92.9	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	40	95.2	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	34	81.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	88.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	64.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	42.9	43.4	39.1
Completely bedfast residents.	3	7.1	4.2	3.2
Residents confined to chairs.	9	21.4	61.5	52.3
Residents requiring restraints.	15	35.7	45.3	40.4
Confused or disoriented residents.	29	69.0	62.1	58.6
Residents with bed sores.	1	2.4	9.4	7.6
Residents receiving special skin care.	11	26.2	30.5	31.4

SAN RAFAEL, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F180 F219 F250 F264 F298 F322* F336

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NORTHGATE CONV HOSP

Street Address: 40 PROFESSIONAL CTR PKWY		**City and State:** SAN RAFAEL, CA 94903	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/01/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
51	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	82.4	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	46	90.2	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	43	84.3	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	86.3	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	84.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	41.2	43.4	39.1
Completely bedfast residents.	5	9.8	4.2	3.2
Residents confined to chairs.	31	60.8	61.5	52.3
Residents requiring restraints.	26	51.0	45.3	40.4
Confused or disoriented residents.	37	72.5	62.1	58.6
Residents with bed sores.	2	3.9	9.4	7.6
Residents receiving special skin care.	7	13.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

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THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F073* F126 F130 F131* F170 F174 F182
F219 F250 F263 F319 F321 F324* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PINE RIDGE CARE CTR

Street Address: 45 PROFESSIONAL CENTER PARKWAY		**City and State:** SAN RAFAEL, CA 94903	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	7	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	95.7	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	86	93.5	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	83	90.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	92.4	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	92.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	41	44.6	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	79	85.9	61.5	52.3
Residents requiring restraints.	2	2.2	45.3	40.4
Confused or disoriented residents.	75	81.5	62.1	58.6
Residents with bed sores.	7	7.6	9.4	7.6
Residents receiving special skin care.	9	9.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

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Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
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An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

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from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

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THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076 F116 F117 F118 F119 F131* F169 F170
F181* F227 F250 F255 F257 F261 F263 F287
F293* F321 F322* F332* F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RAFAEL CONV HOSP

Street Address: 234 N SAN PEDRO RD	**City and State:** SAN RAFAEL, CA 94903

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 168	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/13/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
151	2	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	144	95.4	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	124	82.1	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	128	84.8	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	67.5	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	68.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	44.4	43.4	39.1
Completely bedfast residents.	4	2.6	4.2	3.2
Residents confined to chairs.	94	62.3	61.5	52.3
Residents requiring restraints.	86	57.0	45.3	40.4
Confused or disoriented residents.	106	70.2	62.1	58.6
Residents with bed sores.	6	4.0	9.4	7.6
Residents receiving special skin care.	20	13.2	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F070 F114 F118 F134 F196* F205 F206
F242* F250 F260 F287 F297 F298 F321 F322*
F323 F332* F336

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VILLA MARIN RETIREMENT RESIDENCES

Street Address: 100 THORNDALE DRIVE		**City and State:** SAN RAFAEL, CA 94903	
Participation: MEDICARE SNF	**# of Beds:** 31	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	95.2	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	21	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	18	85.7	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	90.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	81.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	11	52.4	43.4	39.1
Completely bedfast residents.	1	4.8	4.2	3.2
Residents confined to chairs.	17	81.0	61.5	52.3
Residents requiring restraints.	11	52.4	45.3	40.4
Confused or disoriented residents.	19	90.5	62.1	58.6
Residents with bed sores.	4	19.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F089 F135 F181* F217 F242* F260 F319

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAPLE GROVE ICF

Street Address: 1808 5TH ST		**City and State:** SANGER, CA 93657	
Participation: MEDICAID ICF	**# of Beds:** 18	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/08/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
18	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	100	56.1	78.5
Dressing Residents requiring some or total assistance in dressing.	3	16.7	33.6	76.5
Toileting Residents requiring some or total assistance in toileting.	4	22.2	10.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	27.8	10.0	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	22.2	12.9	59.1
Residents on individually written bowel and bladder retraining program.	4	22.2	1.7	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.3	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	8	44.4	7.8	40.9
Residents requiring restraints.	0	0.0	0.7	30.9
Confused or disoriented residents.	1	5.6	31.8	55.4
Residents with bed sores.	0	0.0	0.8	4.8
Residents receiving special skin care.	0	0.0	7.2	23.5

SANGER, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	5.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	2.9	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	5.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	20.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	8	22.9	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	5.7	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	10	28.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	2	5.7	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	6	17.1	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	3	8.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	7	20.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	5	14.3	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	14	40.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	11	31.4	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	2.9	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	10	28.6	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	18	51.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	9	25.7	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	10	28.6	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	14	40.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	6	17.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	20	57.1	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SANGER, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F070
F071
F126
F135
F170
F190
F191*
F196*
F224
F242*
F244
F246
F260
F261
F262
F263
F277
F328
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SANGER CONV HOSP

Street Address: 2550 9TH ST	**City and State:** SANGER, CA 93657

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	99.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	89	90.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	89	90.8	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	91.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	87.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	9	9.2	43.4	39.1
Completely bedfast residents.	4	4.1	4.2	3.2
Residents confined to chairs.	75	76.5	61.5	52.3
Residents requiring restraints.	75	76.5	45.3	40.4
Confused or disoriented residents.	50	51.0	62.1	58.6
Residents with bed sores.	4	4.1	9.4	7.6
Residents receiving special skin care.	2	2.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SANGER, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F137 F170 F217 F321 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAREHOUSE CONVALESCENT HOSPITAL

Street Address: 1800 OLD TUSTIN RD		**City and State:** SANTA ANA, CA 92701	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
140	18	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	135	96.4	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	140	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	129	92.1	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	91.4	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	127	90.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	4	2.9	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	75	53.6	43.4	39.1
Completely bedfast residents.	2	1.4	4.2	3.2
Residents confined to chairs.	130	92.9	61.5	52.3
Residents requiring restraints.	102	72.9	45.3	40.4
Confused or disoriented residents.	108	77.1	62.1	58.6
Residents with bed sores.	11	7.9	9.4	7.6
Residents receiving special skin care.	80	57.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F128* F134 F135 F179 F180 F196*
F199 F205 F294 F321 F328 F331 F332* F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COUNTRY VILLA PLAZA CONVALESCENT CTR

Street Address: 1209 WEST HEMLOCK WAY	**City and State:** SANTA ANA, CA 92707

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 145	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
127	34	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	99.2	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	112	88.2	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	112	88.2	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	88.2	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	82.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	4	3.1	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	51.2	43.4	39.1
Completely bedfast residents.	2	1.6	4.2	3.2
Residents confined to chairs.	103	81.1	61.5	52.3
Residents requiring restraints.	76	59.8	45.3	40.4
Confused or disoriented residents.	101	79.5	62.1	58.6
Residents with bed sores.	12	9.4	9.4	7.6
Residents receiving special skin care.	84	66.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F077 F119 F131* F133* F134 F135 F167* F169
F170 F181* F197 F199 F246 F262 F263 F321
F331 F332* F333 F336 F340* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HALLMARK NURSING CENTER-TUSTIN

Street Address: 2210 E 1ST ST	**City and State:** SANTA ANA, CA 92705

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 11	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	97.9	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	91	95.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	84	88.4	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	92.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	88.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.1	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	28	29.5	43.4	39.1
Completely bedfast residents.	2	2.1	4.2	3.2
Residents confined to chairs.	40	42.1	61.5	52.3
Residents requiring restraints.	72	75.8	45.3	40.4
Confused or disoriented residents.	59	62.1	62.1	58.6
Residents with bed sores.	9	9.5	9.4	7.6
Residents receiving special skin care.	52	54.7	30.5	31.4

SANTA ANA, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F126 F127* F128* F129* F132* F134 F167*
F169 F170 F173* F182 F199 F262 F285 F293*
F297 F320 F321 F322* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROYALE CONV HOSP

Street Address: 1030 W WARNER AVE	**City and State:** SANTA ANA, CA 92707

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 261	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
167	10	138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	150	89.8	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	160	95.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	160	95.8	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	95.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	143	85.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	0.6	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	59	35.3	43.4	39.1
Completely bedfast residents.	3	1.8	4.2	3.2
Residents confined to chairs.	140	83.8	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	150	89.8	62.1	58.6
Residents with bed sores.	14	8.4	9.4	7.6
Residents receiving special skin care.	120	71.9	30.5	31.4

SANTA ANA, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F101 F127* F128* F131* F132* F133* F134
F135 F139 F167* F169 F170 F171 F173* F174
F175 F176 F177 F181* F191* F196* F227 F242*
F243 F277 F321 F322* F332* F340* F341 F342
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST EDNA CONVALESCENT CENTER

Street Address: 1929 N FAIRVIEW ST		**City and State:** SANTA ANA, CA 92706	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 144	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
136	9	115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	86.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	126	92.6	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	120	88.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	88.2	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	65.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.5	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	60	44.1	43.4	39.1
Completely bedfast residents.	16	11.8	4.2	3.2
Residents confined to chairs.	92	67.6	61.5	52.3
Residents requiring restraints.	86	63.2	45.3	40.4
Confused or disoriented residents.	90	66.2	62.1	58.6
Residents with bed sores.	11	8.1	9.4	7.6
Residents receiving special skin care.	6	4.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F070 F129* F135 F170 F171 F173* F174 F175
F176 F238 F240 F242* F299 F300 F301 F302
F321 F332* F341 F342 F347 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TOWN COUNTRY MANOR

Street Address: 555 E MEMORY LANE		**City and State:** SANTA ANA, CA 92706	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	1	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	42	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	42	100	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	97.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	21.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	2.4	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	31.0	43.4	39.1
Completely bedfast residents.	1	2.4	4.2	3.2
Residents confined to chairs.	25	59.5	61.5	52.3
Residents requiring restraints.	19	45.2	45.3	40.4
Confused or disoriented residents.	15	35.7	62.1	58.6
Residents with bed sores.	1	2.4	9.4	7.6
Residents receiving special skin care.	10	23.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F134 F135 F140 F170 F174 F181*
F285 F321 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTERN MEDICAL CENTER BARTLETT

Street Address: 600 E WASHINGTON AVE		**City and State:** SANTA ANA, CA 92701	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 241	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
123	17	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	27.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	118	95.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	115	93.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	93.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	93.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.6	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	113	91.9	43.4	39.1
Completely bedfast residents.	26	21.1	4.2	3.2
Residents confined to chairs.	72	58.5	61.5	52.3
Residents requiring restraints.	62	50.4	45.3	40.4
Confused or disoriented residents.	65	52.8	62.1	58.6
Residents with bed sores.	29	23.6	9.4	7.6
Residents receiving special skin care.	33	26.8	30.5	31.4

SANTA ANA, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*
F100
F101
F102
F126
F127*
F131*
F133*
F134
F167*
F169
F170
F174
F175
F181*
F191*
F195
F196*
F206
F207
F224
F232
F240
F242*
F243
F283
F294
F321
F323
F330
F331
F332*
F333
F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BEVERLY LA CUMBRE CONV HOSP

Street Address: 3880 VIA LUCERO		**City and State:** SANTA BARBARA, CA 93110	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 189	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
177	7	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	175	98.9	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	167	94.4	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	143	80.8	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	84.2	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	157	88.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.1	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	35.0	43.4	39.1
Completely bedfast residents.	4	2.3	4.2	3.2
Residents confined to chairs.	106	59.9	61.5	52.3
Residents requiring restraints.	104	58.8	45.3	40.4
Confused or disoriented residents.	123	69.5	62.1	58.6
Residents with bed sores.	14	7.9	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SANTA BARBARA, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F101 F102 F115 F118 F119 F128* F130
F131* F133* F134 F169 F170 F175 F180 F181*
F191* F207 F244 F256 F260 F263 F321 F332*
F335 F336 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 2225 DE LA VINA ST		**City and State:** SANTA BARBARA, CA 93105	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 8	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	98.2	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	51	92.7	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	47	85.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	89.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	78.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.8	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	23.6	43.4	39.1
Completely bedfast residents.	3	5.5	4.2	3.2
Residents confined to chairs.	20	36.4	61.5	52.3
Residents requiring restraints.	30	54.5	45.3	40.4
Confused or disoriented residents.	25	45.5	62.1	58.6
Residents with bed sores.	8	14.5	9.4	7.6
Residents receiving special skin care.	4	7.3	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F062 F094* F101 F102 F110 F116 F119
F126 F128* F131* F132* F134 F140 F170 F174
F175 F176 F180 F219 F220 F237* F255 F256
F321 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CASA DORINDA

Street Address: 300 HOT SPRINGS RD		**City and State:** SANTA BARBARA, CA 93108	
Participation: MEDICARE SNF	**# of Beds:** 46	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	33	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	97.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	31	93.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	27	81.8	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	78.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	60.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	6.1	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	39.4	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	10	30.3	61.5	52.3
Residents requiring restraints.	7	21.2	45.3	40.4
Confused or disoriented residents.	10	30.3	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	2	6.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F094* F102 F105 F127* F131* F132* F167*
F169 F170 F180 F206 F227 F263 F264 F328
F336 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MISSION TERRACE CONVALESCENT HOSPITAL

Street Address: 623 W JUNIPERO ST		**City and State:** SANTA BARBARA, CA 93105	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 138	**Type of Ownership:** FEDERAL GOVERNMENT	**Survey Date:** 10/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
125	12	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	124	99.2	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	123	98.4	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	98.4	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	118	94.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	2.4	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	52	41.6	43.4	39.1
Completely bedfast residents.	7	5.6	4.2	3.2
Residents confined to chairs.	125	100	61.5	52.3
Residents requiring restraints.	108	86.4	45.3	40.4
Confused or disoriented residents.	107	85.6	62.1	58.6
Residents with bed sores.	15	12.0	9.4	7.6
Residents receiving special skin care.	37	29.6	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F117 F118 F126 F127* F130 F131* F167*
F169 F170 F174 F180 F199 F224 F242* F246
F259 F260 F261 F262 F263 F277 F297 F321
F339 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAKVIEW NURSING CENTER

Street Address: 160 S PATTERSON AVE		**City and State:** SANTA BARBARA, CA 93111	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	1	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	86.7	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	86	95.6	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	88	97.8	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	93.3	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	77.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	3.3	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	50	55.6	43.4	39.1
Completely bedfast residents.	10	11.1	4.2	3.2
Residents confined to chairs.	50	55.6	61.5	52.3
Residents requiring restraints.	35	38.9	45.3	40.4
Confused or disoriented residents.	75	83.3	62.1	58.6
Residents with bed sores.	7	7.8	9.4	7.6
Residents receiving special skin care.	6	6.7	30.5	31.4

SANTA BARBARA, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F094* F101 F102 F124 F126 F128* F129* F131*
F132* F133* F134 F140 F174 F175 F180 F250
F262 F263 F293* F321 F322* F336 F345* F357

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAMARKAND HEALTH CENTER THE

Street Address: 2566 TREASURE DRIVE		**City and State:** SANTA BARBARA, CA 93105	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 2	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	57	98.3	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	53	91.4	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	93.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	93.1	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	3.4	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	29	50.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	45	77.6	61.5	52.3
Residents requiring restraints.	27	46.6	45.3	40.4
Confused or disoriented residents.	48	82.8	62.1	58.6
Residents with bed sores.	2	3.4	9.4	7.6
Residents receiving special skin care.	3	5.2	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075	F094*	F101	F116	F118	F119	F127*	F128*
F130	F131*	F132*	F134	F167*	F169	F170	F174
F181*	F186	F207	F210	F250	F259	F261	F263
F293*	F306	F313*	F322*	F330	F331	F332*	F342
F346							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SANTA BARBARA CONV HOSPITAL

Street Address: 540 W PUEBLO ST		**City and State:** SANTA BARBARA, CA 93105	
Participation: MEDICARE SNF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	74.5	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	52	94.5	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	52	94.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	81.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	83.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.8	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	27	49.1	43.4	39.1
Completely bedfast residents.	3	5.5	4.2	3.2
Residents confined to chairs.	30	54.5	61.5	52.3
Residents requiring restraints.	28	50.9	45.3	40.4
Confused or disoriented residents.	19	34.5	62.1	58.6
Residents with bed sores.	3	5.5	9.4	7.6
Residents receiving special skin care.	1	1.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F094* F101 F110 F114 F120 F126 F127*
F128* F131* F134 F167* F169 F170 F173* F174
F180 F206 F256 F259 F260 F261 F263 F287
F321 F327

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SANTA BARBARA COTTAGE CARE CENTER

Street Address: 2415 DE LA VINA ST	**City and State:** SANTA BARBARA, CA 93105

Participation: MEDICARE SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/17/89

Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.	**COMPLIANCE ACTION?** YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 12	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	95.8	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	46	95.8	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	46	95.8	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	93.8	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	95.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	2.1	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	45.8	43.4	39.1
Completely bedfast residents.	4	8.3	4.2	3.2
Residents confined to chairs.	10	20.8	61.5	52.3
Residents requiring restraints.	14	29.2	45.3	40.4
Confused or disoriented residents.	17	35.4	62.1	58.6
Residents with bed sores.	4	8.3	9.4	7.6
Residents receiving special skin care.	14	29.2	30.5	31.4

SANTA BARBARA, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F084 F093 F094* F102 F116 F129* F131*
F132* F134 F135 F167* F169 F170 F176 F180
F210 F219 F240 F242* F244 F250 F255 F260
F261 F263 F275 F277 F279 F335 F339 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VALLE VERDE HEALTH FACILITY

Street Address: 900 CALLE DE LOS AMIGOS		**City and State:** SANTA BARBARA, CA 93105	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	2	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	94.8	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	73	94.8	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	5	6.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	90.9	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	90.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	4	5.2	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	7.8	43.4	39.1
Completely bedfast residents.	1	1.3	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	51	66.2	45.3	40.4
Confused or disoriented residents.	55	71.4	62.1	58.6
Residents with bed sores.	4	5.2	9.4	7.6
Residents receiving special skin care.	8	10.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056
F061
F062
F080*
F084
F085*
F094*
F101
F102
F116
F119
F120
F128*
F131*
F132*
F134
F135
F142
F167*
F169
F170
F173*
F176
F180
F182
F189
F191*
F195
F196*
F197
F199
F206
F218*
F219
F231
F232
F233
F234
F236
F237*
F242*
F248
F250
F263
F264
F321
F332*
F333
F336
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BEVERLY MANOR

Street Address: 991 CLYDE AVE		**City and State:** SANTA CLARA, CA 95050	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 205	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
187	9	168

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	159	85.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	170	90.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	150	80.2	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	159	85.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	139	74.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	0.5	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	75	40.1	43.4	39.1
Completely bedfast residents.	3	1.6	4.2	3.2
Residents confined to chairs.	149	79.7	61.5	52.3
Residents requiring restraints.	95	50.8	45.3	40.4
Confused or disoriented residents.	137	73.3	62.1	58.6
Residents with bed sores.	11	5.9	9.4	7.6
Residents receiving special skin care.	62	33.2	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F080* F084 F085* F100 F101 F119 F127*
F128* F130 F132* F134 F167* F169 F170 F205
F206 F253 F256 F257 F263 F294 F321 F322*
F339 F340* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MISSION SKILLED NURSING FACILITY

Street Address: 410 N WINCHESTER BLVD		**City and State:** SANTA CLARA, CA 95050	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 111	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	4	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	92.2	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	96	93.2	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	93	90.3	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	90.3	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	82.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	35.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	95	92.2	61.5	52.3
Residents requiring restraints.	49	47.6	45.3	40.4
Confused or disoriented residents.	69	67.0	62.1	58.6
Residents with bed sores.	12	11.7	9.4	7.6
Residents receiving special skin care.	61	59.2	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F170 F180 F199 F224 F227 F263 F321
F332* F336 F346 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BATTERSON NURSING HOME & CONV HOSP

Street Address: 2555 MATTISON LN BOX 1239		**City and State:** SANTA CRUZ, CA 95062	
Participation: MEDICARE SNF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	96.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	28	96.6	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	28	96.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	96.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	31.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	15	51.7	43.4	39.1
Completely bedfast residents.	1	3.4	4.2	3.2
Residents confined to chairs.	13	44.8	61.5	52.3
Residents requiring restraints.	26	89.7	45.3	40.4
Confused or disoriented residents.	14	48.3	62.1	58.6
Residents with bed sores.	3	10.3	9.4	7.6
Residents receiving special skin care.	6	20.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F283 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROMMER MANOR

Street Address: 2000 BROMMER ST	**City and State:** SANTA CRUZ, CA 95062

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 38	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 2	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	93.8	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	31	96.9	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	30	93.8	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	96.9	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	81.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	3.1	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	31.3	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	16	50.0	61.5	52.3
Residents requiring restraints.	17	53.1	45.3	40.4
Confused or disoriented residents.	21	65.6	62.1	58.6
Residents with bed sores.	3	9.4	9.4	7.6
Residents receiving special skin care.	16	50.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F094*	F105	F117	F118	F126	F127*	F128*	F129*
F132*	F133*	F134	F170	F173*	F189	F191*	F196*
F256	F263	F294	F321	F332*	F342		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROMMER MANOR CONV HOSP-SANTA CRUZ

Street Address: 1098 38TH AVE		**City and State:** SANTA CRUZ, CA 95062	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
68	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	92.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	65	95.6	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	63	92.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	86.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	73.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	25.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	56	82.4	61.5	52.3
Residents requiring restraints.	50	73.5	45.3	40.4
Confused or disoriented residents.	56	82.4	62.1	58.6
Residents with bed sores.	2	2.9	9.4	7.6
Residents receiving special skin care.	68	100	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F074 F126 F127* F132* F136 F139 F140
F167* F169 F170 F175 F181* F196* F207 F227
F242* F246 F252 F263 F321 F332* F335 F340*
F357 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTHAVEN NURSING HOME

Street Address: 740 17TH AVE		**City and State:** SANTA CRUZ, CA 95062	
Participation: MEDICAID SNF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
19	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	16	84.2	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	10	52.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	52.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	36.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	1	5.3	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	1	5.3	61.5	52.3
Residents requiring restraints.	1	5.3	45.3	40.4
Confused or disoriented residents.	18	94.7	62.1	58.6
Residents with bed sores.	1	5.3	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	40	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F077 F134 F135 F169 F170 F196* F251
F293* F294 F297 F321 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DOMINICAN SANTA CRUZ HOSP/RESTO CARE

Street Address: 1555 SOQUEL DR		**City and State:** SANTA CRUZ, CA 95065	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 37	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
27	19	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	85.2	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	27	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	27	100	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	88.9	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	63.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	3.7	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	22.2	43.4	39.1
Completely bedfast residents.	2	7.4	4.2	3.2
Residents confined to chairs.	20	74.1	61.5	52.3
Residents requiring restraints.	8	29.6	45.3	40.4
Confused or disoriented residents.	11	40.7	62.1	58.6
Residents with bed sores.	3	11.1	9.4	7.6
Residents receiving special skin care.	5	18.5	30.5	31.4

SANTA CRUZ, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F062 F127* F170 F180 F242* F263 F332* F342
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DRIFTWOOD CONV HOSP

Street Address: 675 24TH AVE		**City and State:** SANTA CRUZ, CA 95062	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 1	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	71.1	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	79	87.8	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	78	86.7	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	84.4	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	67.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	38.9	43.4	39.1
Completely bedfast residents.	1	1.1	4.2	3.2
Residents confined to chairs.	81	90.0	61.5	52.3
Residents requiring restraints.	36	40.0	45.3	40.4
Confused or disoriented residents.	36	40.0	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SANTA CRUZ, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to co[illegible]ct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indic[illegible] number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the speci[illegible] requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F118 F128* F131* F170 F180 F263 F321
F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HARBOR HILLS

Street Address: 1171 7TH AVENUE		**City and State:** SANTA CRUZ, CA 95062	
Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/02/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly speciclized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	0	0.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	0	0.0	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.6
Residents receiving special skin care.	5	5.2	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
HILLHAVEN EXTENDED CARE

Street Address: 1115 CAPITOLA RD	**City and State:** SANTA CRUZ, CA 95062

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 149	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	**Medicare Residents:** 16	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	136	97.8	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	132	95.0	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	132	95.0	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	90.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	118	84.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.4	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	61	43.9	43.4	39.1
Completely bedfast residents.	2	1.4	4.2	3.2
Residents confined to chairs.	80	57.6	61.5	52.3
Residents requiring restraints.	108	77.7	45.3	40.4
Confused or disoriented residents.	92	66.2	62.1	58.6
Residents with bed sores.	10	7.2	9.4	7.6
Residents receiving special skin care.	86	61.9	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F105 F126 F127* F134 F135 F169 F170
F173* F250 F257 F293* F297 F321 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LIVE OAK CARE CENTER

Street Address: 2990 SOQUEL AVE	**City and State:** SANTA CRUZ, CA 95062

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 214	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 154	**Medicare Residents:** 14	**Medicaid Residents:** 117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	54.5	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	108	70.1	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	114	74.0	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	63.0	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	61.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	3	1.9	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	27.9	43.4	39.1
Completely bedfast residents.	7	4.5	4.2	3.2
Residents confined to chairs.	93	60.4	61.5	52.3
Residents requiring restraints.	66	42.9	45.3	40.4
Confused or disoriented residents.	64	41.6	62.1	58.6
Residents with bed sores.	7	4.5	9.4	7.6
Residents receiving special skin care.	41	26.6	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F096 F113 F119 F126 F127* F128*
F129* F134 F135 F139 F167* F170 F240 F242*
F244 F252 F263 F287 F297 F321 F332* F335
F340* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KIMBERLY CONV HOSPITAL

Street Address: 820 WEST COOK ST	**City and State:** SANTA MARIA, CA 93454

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 4	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	76.9	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	47	90.4	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	43	82.7	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	78.8	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	80.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	3.8	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	42.3	43.4	39.1
Completely bedfast residents.	3	5.8	4.2	3.2
Residents confined to chairs.	31	59.6	61.5	52.3
Residents requiring restraints.	41	78.8	45.3	40.4
Confused or disoriented residents.	33	63.5	62.1	58.6
Residents with bed sores.	8	15.4	9.4	7.6
Residents receiving special skin care.	17	32.7	30.5	31.4

SANTA MARIA, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051* F056 F057 F058 F073* F116 F132* F134
F135 F169 F191* F210 F227 F263 F269 F321
F332* F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARIAN EXTENDED CARE CENTER

Street Address: 1530 CYPRESS WAY		**City and State:** SANTA MARIA, CA 93454	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 95	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	15	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	83.3	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	70	89.7	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	73	93.6	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	88.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	93.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	49	62.8	43.4	39.1
Completely bedfast residents.	4	5.1	4.2	3.2
Residents confined to chairs.	63	80.8	61.5	52.3
Residents requiring restraints.	52	66.7	45.3	40.4
Confused or disoriented residents.	47	60.3	62.1	58.6
Residents with bed sores.	16	20.5	9.4	7.6
Residents receiving special skin care.	25	32.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F070
F080*
F084
F085*
F094*
F098
F100
F101
F102
F103
F105
F114
F116
F126
F128*
F131*
F132*
F134
F135
F136
F142
F167*
F169
F170
F171
F173*
F174
F175
F176
F177
F191*
F196*
F231
F232
F240
F242*
F243
F244
F246
F250
F259
F260
F261
F263
F264
F278
F323
F331
F332*
F333
F336
F339
F340*
F346
F353
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROSSCARE CONVALESCENT HOSPITAL

Street Address: 830 E CHAPEL ST	**City and State:** SANTA MARIA, CA 93454

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 4	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	53	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	52	98.1	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	98.1	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	94.3	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	3.8	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	28	52.8	43.4	39.1
Completely bedfast residents.	2	3.8	4.2	3.2
Residents confined to chairs.	28	52.8	61.5	52.3
Residents requiring restraints.	35	66.0	45.3	40.4
Confused or disoriented residents.	35	66.0	62.1	58.6
Residents with bed sores.	3	5.7	9.4	7.6
Residents receiving special skin care.	9	17.0	30.5	31.4

SANTA MARIA, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F086 F092 F094* F100 F116 F127* F129* F133*
F169 F170 F181* F182 F191* F199 F224 F227
F259 F300 F318 F332* F345* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VILLA MARIA CARE CENTER

Street Address: 425 EAST BARCELLUS AVE		**City and State:** SANTA MARIA, CA 93454	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	5	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	100	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	74	89.2	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	70	84.3	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	86.7	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	74.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	2.4	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	32.5	43.4	39.1
Completely bedfast residents.	2	2.4	4.2	3.2
Residents confined to chairs.	71	85.5	61.5	52.3
Residents requiring restraints.	37	44.6	45.3	40.4
Confused or disoriented residents.	59	71.1	62.1	58.6
Residents with bed sores.	6	7.2	9.4	7.6
Residents receiving special skin care.	72	86.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053
F069
F101
F102
F103
F105
F127*
F128*
F129*
F130
F132*
F134
F135
F140
F167*
F170
F173*
F174
F178
F182
F199
F218*
F231
F232
F259
F260
F261
F262
F263
F283
F340*
F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BAY VISTA CONVALESCENT HOSPITAL

Street Address: 1338 20TH STREET		**City and State:** SANTA MONICA, CA 90404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 154	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
133	30	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	89.5	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	127	95.5	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	115	86.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	82.7	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	75.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.5	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	51	38.3	43.4	39.1
Completely bedfast residents.	3	2.3	4.2	3.2
Residents confined to chairs.	82	61.7	61.5	52.3
Residents requiring restraints.	72	54.1	45.3	40.4
Confused or disoriented residents.	72	54.1	62.1	58.6
Residents with bed sores.	25	18.8	9.4	7.6
Residents receiving special skin care.	50	37.6	30.5	31.4

SANTA MONICA, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

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			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
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An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F098 F100 F101 F102 F127* F128*
F129* F130 F133* F134 F137 F138 F139 F141
F142 F167* F169 F170 F171 F173* F174 F175
F176 F179 F180 F181* F182 F191* F240 F242*
F245 F262 F287 F288 F289 F293* F296 F313*
F316 F321 F322* F324* F332* F339 F340* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BERKLEY EAST CONVALESCENT HOSPITAL

Street Address: 2021 ARIZONA AVENUE		**City and State:** SANTA MONICA, CA 90404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 235	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
164	12	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	152	92.7	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	152	92.7	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	149	90.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	83.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	134	81.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.2	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	85	51.8	43.4	39.1
Completely bedfast residents.	7	4.3	4.2	3.2
Residents confined to chairs.	87	53.0	61.5	52.3
Residents requiring restraints.	71	43.3	45.3	40.4
Confused or disoriented residents.	48	29.3	62.1	58.6
Residents with bed sores.	20	12.2	9.4	7.6
Residents receiving special skin care.	6	3.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F100 F116 F119 F127* F128* F131* F132*
F134 F135 F136 F140 F141 F169 F170 F173*
F174 F175 F176 F180 F181* F191* F196* F206
F242* F253 F260 F287 F288 F295 F298 F316
F321 F322* F328 F332* F334 F340* F342 F346
F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BERKLEY WEST CONVALESCENT HOSPITAL

Street Address: 1623 ARIZONA AVENUE		**City and State:** SANTA MONICA, CA 90404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
35	3	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	68.6	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	31	88.6	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	32	91.4	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	88.6	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	82.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	57.1	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	11	31.4	61.5	52.3
Residents requiring restraints.	13	37.1	45.3	40.4
Confused or disoriented residents.	26	74.3	62.1	58.6
Residents with bed sores.	3	8.6	9.4	7.6
Residents receiving special skin care.	6	17.1	30.5	31.4

SANTA MONICA, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F119 F126 F127* F131* F134 F136 F140
F169 F176 F185 F227 F289 F321 F323 F324*
F332* F334 F335 F336 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARE WEST ARIZONA NURSING CENTER

Street Address: 1330 17TH STREET		**City and State:** SANTA MONICA, CA 90404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
67	15	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	82.1	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	57	85.1	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	57	85.1	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	68.7	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	86.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.5	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	44.8	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	61	91.0	61.5	52.3
Residents requiring restraints.	35	52.2	45.3	40.4
Confused or disoriented residents.	49	73.1	62.1	58.6
Residents with bed sores.	7	10.4	9.4	7.6
Residents receiving special skin care.	7	10.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

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			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

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Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

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from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F101 F102 F117 F119 F120 F126 F127*
F128* F130 F132* F134 F135 F169 F170 F173*
F180 F181* F191* F196* F230 F231 F242* F250
F260 F321 F323 F340* F346 F349 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARE WEST SANTA MONICA NURSING CTR

Street Address: 1321 FRANKLIN STREET		**City and State:** SANTA MONICA, CA 90404	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
51	5	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	98.0	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	50	98.0	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	50	98.0	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	96.1	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	66.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	3.9	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	45.1	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	16	31.4	61.5	52.3
Residents requiring restraints.	4	7.8	45.3	40.4
Confused or disoriented residents.	35	68.6	62.1	58.6
Residents with bed sores.	3	5.9	9.4	7.6
Residents receiving special skin care.	3	5.9	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060
F084
F085*
F094*
F102
F115
F116
F119
F127*
F128*
F132*
F135
F169
F173*
F176
F189
F205
F231
F232
F242*
F264
F274
F277
F288
F321
F324*
F336
F340*
F345*
F346
F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESCENT BAY CONVALESCENT HOSPITAL

Street Address: 1437 14TH STREET		**City and State:** SANTA MONICA, CA 90404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	2	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	95.1	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	52	85.2	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	52	85.2	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	86.9	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	60.7	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.6	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	49.2	43.4	39.1
Completely bedfast residents.	6	9.8	4.2	3.2
Residents confined to chairs.	41	67.2	61.5	52.3
Residents requiring restraints.	30	49.2	45.3	40.4
Confused or disoriented residents.	32	52.5	62.1	58.6
Residents with bed sores.	4	6.6	9.4	7.6
Residents receiving special skin care.	30	49.2	30.5	31.4

SANTA MONICA, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F064 F115 F116 F127* F128* F132* F134
F136 F173* F176 F199 F206 F236 F288 F321
F332* F345* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FIRESIDE CONVALESCENT HOSPITAL

Street Address: 947 3RD STREET		**City and State:** SANTA MONICA, CA 90403	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	5	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	82.3	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	62	100	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	58	93.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	93.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	91.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	1	1.6	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	32.3	43.4	39.1
Completely bedfast residents.	2	3.2	4.2	3.2
Residents confined to chairs.	56	90.3	61.5	52.3
Residents requiring restraints.	21	33.9	45.3	40.4
Confused or disoriented residents.	48	77.4	62.1	58.6
Residents with bed sores.	4	6.5	9.4	7.6
Residents receiving special skin care.	12	19.4	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.6
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F094* F102 F126 F127* F128* F134
F135 F170 F191* F219 F259 F260 F263 F313*
F318 F321 F323 F324* F342 F345* F346 F349
F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOOD SHEPHERD CONVALESCENT HOSPITAL

Street Address: 1131 ARIZONA AVENUE		**City and State:** SANTA MONICA, CA 90404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
38	3	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	89.5	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	32	84.2	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	32	84.2	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	84.2	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	78.9	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	5.3	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	42.1	43.4	39.1
Completely bedfast residents.	3	7.9	4.2	3.2
Residents confined to chairs.	29	76.3	61.5	52.3
Residents requiring restraints.	27	71.1	45.3	40.4
Confused or disoriented residents.	23	60.5	62.1	58.6
Residents with bed sores.	5	13.2	9.4	7.6
Residents receiving special skin care.	0	0.0	30.5	31.4

SANTA MONICA, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F094* F116 F127* F128* F132* F134 F169
F173* F180 F185 F189 F191* F236 F282 F293*
F315 F321 F324* F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OCEANVIEW CONVALESCENT HOSPITAL

Street Address: 1340-15TH STREET		**City and State:** SANTA MONICA, CA 90404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 227	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
159	20	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	81.8	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	134	84.3	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	141	88.7	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	83.0	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	146	91.8	74.1	69.4
Residents on individually written bowel and bladder retraining program.	2	1.3	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	92	57.9	43.4	39.1
Completely bedfast residents.	11	6.9	4.2	3.2
Residents confined to chairs.	116	73.0	61.5	52.3
Residents requiring restraints.	56	35.2	45.3	40.4
Confused or disoriented residents.	105	66.0	62.1	58.6
Residents with bed sores.	24	15.1	9.4	7.6
Residents receiving special skin care.	68	42.8	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	NOT MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060	F073*	F079*	F084	F085*	F094*	F102	F105
F115	F119	F126	F127*	F128*	F130	F132*	F134
F135	F167*	F169	F170	F173*	F180	F185	F189
F191*	F206	F224	F227	F231	F250	F253	F257
F261	F263	F264	F277	F279	F287	F288	F294
F313*	F321	F345*	F349	F353			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PACIFIC CONVALESCENT HOSPITAL

Street Address: 1323 17TH STREET		**City and State:** SANTA MONICA, CA 90404	
Participation: MEDICARE SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	97.5	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	37	92.5	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	33	82.5	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	82.5	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	90.0	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	55.0	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	31	77.5	61.5	52.3
Residents requiring restraints.	20	50.0	45.3	40.4
Confused or disoriented residents.	30	75.0	62.1	58.6
Residents with bed sores.	2	5.0	9.4	7.6
Residents receiving special skin care.	18	45.0	30.5	31.4

SANTA MONICA, CA

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F126 F127* F134 F135 F136 F171 F175
F176 F180 F181* F191* F199 F288 F297 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SANTA MONICA CONVALARIUM

Street Address: 1320 20TH STREET		**City and State:** SANTA MONICA, CA 90404	
Participation: MEDICARE SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
52	7	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	100	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	50	96.2	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	47	90.4	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	98.1	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	65.4	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	38.5	43.4	39.1
Completely bedfast residents.	2	3.8	4.2	3.2
Residents confined to chairs.	23	44.2	61.5	52.3
Residents requiring restraints.	20	38.5	45.3	40.4
Confused or disoriented residents.	22	42.3	62.1	58.6
Residents with bed sores.	9	17.3	9.4	7.6
Residents receiving special skin care.	25	48.1	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F128* F134 F169 F175 F180 F181* F182
F199 F207 F227 F261

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SANTA MONICA CONVALESCENT CENTER #1

Street Address: 2828 PICO BOULEVARD		**City and State:** SANTA MONICA, CA 90405	
Participation: MEDICAID SNF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	100	84.0	82.0
Dressing				
Residents requiring some or total assistance in dressing.	29	100	87.6	84.0
Toileting				
Residents requiring some or total assistance in toileting.	29	100	81.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	80.5	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	65.5	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	41.4	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	0	0.0	61.5	52.3
Residents requiring restraints.	0	0.0	45.3	40.4
Confused or disoriented residents.	0	0.0	62.1	58.6
Residents with bed sores.	0	0.0	9.4	7.8
Residents receiving special skin care.	0	0.0	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F084 F115 F127* F133* F134 F231 F242*
F243 F245 F246 F260 F285 F294 F313* F316
F321 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SANTA MONICA CONVALESCENT CENTER II

Street Address: 2250 29TH STREET		**City and State:** SANTA MONICA, CA 90405	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
37	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	100	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	36	97.3	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	34	91.9	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	91.9	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	94.6	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	81.1	43.4	39.1
Completely bedfast residents.	0	0.0	4.2	3.2
Residents confined to chairs.	32	86.5	61.5	52.3
Residents requiring restraints.	36	97.3	45.3	40.4
Confused or disoriented residents.	0	0.0	62.1	58.6
Residents with bed sores.	10	27.0	9.4	7.6
Residents receiving special skin care.	37	100	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SANTA MONICA, CA

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F126 F132* F135 F167* F169 F170 F176
F180 F191* F199 F242* F282 F288 F321 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SANTA MONICA HOSP MEDICAL CENTER

Street Address: 1225 15TH STREET		**City and State:** SANTA MONICA, CA 90404	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 32	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	6	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	43.5	84.0	82.0
Dressing Residents requiring some or total assistance in dressing.	22	95.7	87.6	84.0
Toileting Residents requiring some or total assistance in toileting.	22	95.7	81.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	95.7	80.5	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	65.2	74.1	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	9	39.1	43.4	39.1
Completely bedfast residents.	4	17.4	4.2	3.2
Residents confined to chairs.	18	78.3	61.5	52.3
Residents requiring restraints.	5	21.7	45.3	40.4
Confused or disoriented residents.	1	4.3	62.1	58.6
Residents with bed sores.	5	21.7	9.4	7.6
Residents receiving special skin care.	5	21.7	30.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	14	1.1	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	145	11.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	29	2.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing, for a specified period of time or in emergencies.	MET	MET	114	9.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	382	30.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	9	0.7	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	176	14.1	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	7	0.6	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	9	0.7	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	22	1.8	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	36	2.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	698	56.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	502	40.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	205	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	325	26.1	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	462	37.1	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	242	19.4	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	475	38.2	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	365	29.3	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	498	40.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	222	17.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	59	4.7	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	212	17.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	455	36.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	320	25.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	251	20.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	181	14.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	265	21.3	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	351	28.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	473	38.0	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	277	22.2	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	554	44.5	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F105 F127* F134 F169 F173* F174 F175
F237* F242*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

LONG TERM CARE SURVEY

PART B

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT

PROVIDER NUMBER

VENDOR NUMBER

SURVEY DATE

FACILITY NAME AND ADDRESS (*City, State, Zip Code*)

SURVEYORS' NAMES	TITLES

APPENDIX

SURVEY TEAM COMPOSITION

F1 Indicate the Number of Surveyors According to Disci[illegible]

- A. ☐ Administrator
- B. ☐ Nurse
- C. ☐ Dietitian
- D. ☐ Pharmacist
- E. ☐ Records Administr[illegible]
- F. ☐ Social Worke[illegible]
- G. ☐ Qualif[illegible] [illegible]tardation Professional
- H. ☐ Life Safety Code Specialist
- I. ☐ Laboratorian
- J. ☐ Sanitarian
- K. ☐ Therapist
- L. ☐ Physician
- M. ☐ Psychologist
- N. ☐ Other

Note: Mo[illegible] than [illegible] o[illegible]line may be marked for surveyors qualified in multiple disciplines.

F[illegible]dicate t[illegible]al Number of Surveyors Onsite: ____________________

Form [illegible]19 (7-88)

(*CONTINUED ON REVERSE*)

861

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

PROVIDER NO. ______ F3 ☐ MEDICARE ______ F4 ☐ MEDICAID ______ F5 ☐ OTHER ______ F6 TOTAL RESIDENTS ______

CODE

BATHING

F7 ___ Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.

F8 ___ Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.

F9 ___ **TOTAL***

DRESSING

F10 ___ Number of residents totally dressed by another person.

F11 ___ Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)

F12 ___ Number of residents able to get clothes from closets and drawers-puts on clothes, outer garments, braces-manages fasteners. Act of tying shoes is excluded.

F13 ___ **TOTAL***

TOILETING

F14 ___ Number of residents not toileted. (Use protective padding, catheter.)

F15 ___ Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.

F16 ___ Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.

F17 ___ **TOTAL***

TRANSFERRING

F18 ___ Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).

F19 ___ Number of residents needing assistance in transferring to toilet and tub only.

F20 ___ Number of residents able to complete all transfers independently (may or may not be using mechanical supports).

F21 ___ **TOTAL***

CODE

CONTINENCE

F22 ___ Number of residents with indwelling or external catheters.

F23 ___ Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans.

F24 ___ Number of residents with urination and defecation entirely self-controlled.

F25 ___ **TOTAL***

FEEDING

F26 ___ Number of residents who receive enteral/parenteral feedings.

F27 ___ Number of residents who receive NG tube feedings.

F28 ___ Number of residents who require assistance in act of eating.

F29 ___ Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are *excluded* from evaluation).

F30 ___ **TOTAL***

F31 ___ Number of completely bedfast residents.
F32 ___ Number of chairbound residents.
F33 ___ Number of ambulatory residents (may use cane, walker, or crutches).
F34 ___ Number of physically restrained residents (belt, vest, cuffs).
F35 ___ Number of residents receiving psychotropic drugs.
F36 ___ Number of confused or disoriented residents.
F37 ___ Number of residents with decubiti.
F38 ___ Number of residents on individually written bowel and bladder retraining program.
F39 ___ Number of residents receiving special skin care.
F40 ___ Number of residents receiving intravenous therapy and/or blood transfusion.
F41 ___ Number of residents requiring no assistance in ADLs.
F42 ___ Number of residents on self-administration of drugs.
F43 ___ Number of resident with contractures.
F44 ___ Number of residents receiving respiratory care.
F45 ___ Number of residents receiving tracheostomy care.
F46 ___ Number of residents receiving suctioning.
F47 ___ Number of residents receiving rehabilitative services (physical therapy, speech pathology and audiology, occupational therapy).
F48 ___ Number of residents receiving injections.
F49 ___ Number of residents receiving colostomy care.

Form HCFA-519 (7-88)

***MUST EQUAL TOTAL NUMBER OF RESIDENTS IN FACILITY**

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	GOVERNING BODY *(CONDITION OF PARTICIPATION)*				
F50	SNF (405.1121) ☐ MET ☐ NOT MET				
	RESIDENT RIGHTS				
F51	SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for SNFs**				
F52	ICF (442.311) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for ICFs**				
	A. Information				
F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.				
F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F57	5. The resident must be informed in writing of all services and charges for services.				
F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.				

PC7

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NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Medical Condition and Treatment			▨	
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.			▨	
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.			▨	
F62	3. Each resident is given an opportunity to refuse treatment.			▨	
F63	4. Each resident gives informed, written consent before participating in experimental research.			▨	
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.			▨	
	C. Transfer and Discharge			▨	
	Each resident is transferred or discharged only for:			▨	
F65	1. Medical reasons.			▨	
F66	2. His/her welfare or that of other residents.			▨	
F67	3. Nonpayment except as prohibited by the Medicare or Medicaid program.			▨	
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. **Exception: Not required for ICF residents.**				
	D. Exercising Rights			▨	
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.			▨	
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.			▨	

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				
	E. Financial Affairs				
F72	1. Residents are allowed to manage their own personal financial affairs.				
F73	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.				
F74	3. The facility does not commingle resident funds with any other funds.				
F75	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.				
	5. The facility system of accounting includes written receipts for:				
F76	All personal possessions and funds received by or deposited with the facility.				
F77	All disbursements made to or for the resident.				
F78	6. The financial record must be available to the resident and his/her family.				
	F. Freedom from Abuse and Restraints				
F79	1. Each resident is free from mental and physical abuse.				
F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				

865

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
F82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
F83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	G. Privacy				
F84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
F85	2. Each resident is given privacy during treatment and care of personal needs.				
F86	3. Each resident's records, including information in an automated data bank, are treated confidentially.				
F87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
F88	5. Married residents are given privacy during visits by their spouses.				
F89	6. Married residents are permitted to share a room.				
	H. Work				
F90	No resident may be required to perform services for the facility.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	I. Freedom of Association and Correspondence				
F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.				
F92	2. Each resident is allowed to send and receive personal mail unopened.				
	J. Activities				
F93	Each resident is allowed to participate in social, religious, and community group activities.				
	K. Personal Possessions				
F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.				
	L. Delegation of Rights and Responsibilities				
F95	ICF (442.312) (Standard) ☐ MET ☐ NOT MET				
F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.				
F97	2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	STAFF DEVELOPMENT				
F98	SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET				
F99	ICF (442.314) (Standard) ☐ MET ☐ NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.				
F101	2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.				
F102	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
	STATUS CHANGE NOTIFICATIONS				
F103	SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET				
F104	ICF (442.307) (Standard) ☐ MET ☐ NOT MET				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters.				
F106	2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICIANS' SERVICES *(CONDITION OF PARTICIPATION)*				
F107	SNF (405.1123) ☐ MET ☐ NOT MET				
	A. Medical Findings and Orders at Time of Admission				
F108	SNF (405.1123(a)) (Standard) ☐ MET ☐ NOT MET				
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.				
F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Resident Supervision by Physician				
F111	SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET				
F112	ICF (442.346) (Standard) ☐ MET ☐ NOT MET **Indicators B and C apply to this standard for ICFs**				
F113	1. Every resident must be under the supervision of a physician.				
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. **Exception: Not required for ICF residents**				
F115	3. A physician is available to provide care in the absence of any resident's attending physician.				
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. **Exception: Not required for ICF residents.**				
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. **Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.**				
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary. **Exception: Only medications must be reviewed quarterly for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES/NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.				
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. **Exception: Not required for ICF residents.**				
F121	C. **Emergency Services** SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET				
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.				
F123	**NURSING SERVICES *(CONDITION OF PARTICIPATION)*** SNF (405.1124) ☐ MET ☐ NOT MET				
F124	SNF (405.1124(c)) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for SNFs.**				
F125	ICF (442.338) ☐ MET ☐ NOT MET **Indicators A thru E apply to this standard for ICFs except where noted.**				
F126	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day. 1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.				
F128	3. Each resident receives care necessary to prevent skin breakdown.				
F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.				
F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.				
F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.				
F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.				
F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding				
F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F135	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.			▨	
F136	11. Adequate resident care supplies are available for providing treatments.			▨	
	B. Twenty-Four Hour Nursing Service				
F137	1. Nursing personnel,including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. **Exception: Not required for ICFs.**				
F138	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.) **Exception: Not required for Freestanding ICFs.**				
F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.			▨	
F140	4. There is a registered nurse on the day tour of duty 7 days a week. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Charge Nurse	▨	▨	▨	
F141	SNF (405.1124(b)) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. **Exception: Not required for ICFs.**				
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. **Exception: Not required for ICFs.**				
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. **Exception: Not required for SNFs.**				

NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F145																					
	Entire Facility	F146																					
EVENING	DP	F147																					
	Entire Facility	F148																					
NIGHT	DP	F149																					
	Entire Facility	F150																					

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP																						
	Entire Facility																						
EVENING	DP																						
	Entire Facility																						
NIGHT	DP																						
	Entire Facility																						

875

NAME OF FACILITY

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F151																					
	Entire Facility	F152																					
EVENING	DP	F153																					
	Entire Facility	F154																					
NIGHT	DP	F155																					
	Entire Facility	F156																					

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

	CODE		RN	PN	A
DAY	F157	REPORT			
	F158	ACTUAL			
EVENING	F159	REPORT			
	F160	ACTUAL			
NIGHT	F161	REPORT			
	F162	ACTUAL			

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

	CODE	Unit			Unit			Unit			Unit			Unit			Unit			Unit		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	F163																					
EVENING	F164																					
NIGHT	F165																					
CENSUS	F166																					

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Patient Care Management				
F167	SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET				
F168	ICF (442.341) (Standard) ☐ MET ☐ NOT MET				
F169	1. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.				
F170	2. Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner.				
	E. Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.				
F171	SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET				
F172	ICF (442.342) (Standard) ☐ MET ☐ NOT MET				
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.				
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include;				
F175	(a) Range of motion, ambulation, turning and positioning and other activities;				
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;				
F177	(c) Remotivation therapy and/or reality orientation when appropriate.				
F178	3. These activities are coordinated with other resident care services.				

877

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents.				
F179	SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET				
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.				
F181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.				
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Administration of Drugs				
F183	SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET				
F184	ICF (442.337) (Standard) ☐ MET ☐ NOT MET				
F185	1. The resident is identified prior to administration of a drug.				
F186	2. Drugs and biologicals are administered as soon as possible after doses are prepared.				
F187	3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.				
F188	**Exception: ICF residents may self administer medication only with their physician's permission.**				
	H. Conformance with Physician Drug Orders				
F189	SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET				
F190	ICF (442.334) (Standard) ☐ MET ☐ NOT MET				
F191	Drugs are administered in accordance with written orders of the attending physician.				
F192	Drug Error Rate __________% (See Form HCFA-522)				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	DIETETIC SERVICES ***(CONDITION OF PARTICIPATION)***				
F193	SNF (405.1125) ☐ MET ☐ NOT MET				
F194	ICF (442.332) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for ICFs.				
	A. **Menus and Nutritional Adequacy**				
F195	SNF (405.1125(b)) (Standard) ☐ MET ☐ NOT MET				
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.				
	B. **Therapeutic Diets**				
F197	SNF (405.1125(c)) (Standard) ☐ MET ☐ NOT MET				
F198	1. Therapeutic diets are prescribed by the attending physician.				
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.				
F200	Number of Regular Diets__________				
F201	Number of Therapeutic Diets__________				
F202	Number of Mechanically Altered Diets __________				
F203	Number of Tube Feedings__________				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. **Preparation**				
F204	SNF (405.1125(e)) (Standard) ☐ MET ☐ NOT MET				
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.				
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.				
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.				
	D. **Frequency**				
F208	SNF (405.1125(d)) (Standard) ☐ MET ☐ NOT MET				
F209	ICF (442.331) (Standard) ☐ MET ☐ NOT MET				
F210	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.				
F211	2. To the extent medically possible, bedtime nourishments are offered to all residents. **Exception: Not required for ICF Residents.**				
	E. **Staffing**				
F212	SNF (405.1125.(a)) (Standard) ☐ MET ☐ NOT MET				
F213	1. Food service personnel are on duty daily over a period of 12 or more hours.				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	SPECIALIZED REHABILITATIVE SERVICES *(CONDITION OF PARTICIPATION)*				
F214	SNF (405.1126) ☐ MET ☐ NOT MET				
F215	SNF (405.1126(b)) (Standard) ☐ MET ☐ NOT MET				
F216	ICF (442.343) (Standard) ☐ MET ☐ NOT MET				
	A. Plan of Care				
F217	Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.				
	B. Therapy				
F218	Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.				
	C. Progress				
F219	1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. **Exception: ICF resident's progress must be reviewed regularly.**				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. **Exceptions: ICF residents' plans must be revised as necessary.**				
	PHARMACEUTICAL SERVICES *(CONDITION OF PARTICIPATION)*				
F221	SNF (405.1127) ☐ MET ☐ NOT MET				
	A. Supervision				
F222	SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET				
F223	ICF (442.336) (Standard) ☐ MET ☐ NOT MET				
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.				

NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. **Labeling of Drugs and Biologicals**	▨	▨	▨	
F225	SNF (405.1127(c)) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
F226	ICF (442.333) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessary and cautionary instructions as well as an expiration date when applicable.			▨	
	LABORATORY AND RADIOLOGIC SERVICES *(CONDITION OF PARTICIPATION)*	▨	▨	▨	
F228	SNF (405.1128) ☐ MET ☐ NOT MET	▨	▨	▨	
F229	SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
	Provision of Services			▨	
F230	1. All services are provided only on the orders of a physician.			▨	
F231	2. The attending physician is notified promptly of diagnostic findings.			▨	
F232	3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.			▨	

NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	SOCIAL SERVICES *(CONDITION OF PARTICIPATION)*				
F233	SNF (405.1130) ☐ MET ☐ NOT MET				
F234	SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET				
F235	ICF (442.344) (Standard) ☐ MET ☐ NOT MET				
F236	A. **Plan** The medically related social and emotional needs of the resident are identified.				
F237	B. **Provision of Services** Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	ACTIVITIES *(CONDITION OF PARTICIPATION)*				
F239	SNF(405.1131) ☐ MET ☐ NOT MET				
	Provision of Services				
F240	SNF (405.1131(b)) (Standard) ☐ MET ☐ NOT MET				

NAME OF FACILITY

CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F241	ICF (442.345) (Standard) ☐ MET ☐ NOT MET				
F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.				
F243	2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program.				
F244	3. The activities promote the physical, social and mental well-being of the resident.				
F245	4. Equipment is maintained in good working order.				
F246	5. Supplies and equipment are available.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	MEDICAL RECORDS *(CONDITION OF PARTICIPATION)*				
F247	SNF (405.1132) ☐ MET ☐ NOT MET				
	Content				
F248	SNF (405.1132(c)) (Standard) ☐ MET ☐ NOT MET				
F249	ICF (442.318) (Standard) ☐ MET ☐ NOT MET				
F250	1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.				

1,7

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	2. The medical record contains the following information:				
F251	a. Identification information				
F252	b. Admission data including past medical and social history				
F253	c. Transfer form, discharge summary from any transferring facility				
F254	d. Report of resident's attending physician				
F255	e. Report of physical examinations				
F256	f. Reports of physicians' periodic evaluations and progress notes				
F257	g. Diagnostic reports and therapeutic orders				
F258	h. Reports of treatments				
F259	i. Medications administered				
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.				
F261	k. Assessments and goals of each service's plan of care				
F262	l. Treatments and services rendered				
F263	m. Progress notes				
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.				

NAME OF FACILITY

CODE	TRANSFER AGREEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	TRANSFER AGREEMENT *(CONDITION OF PARTICIPATION)*				
F265	SNF (405.1133) ☐ MET ☐ NOT MET				
F266	SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET				
F267	ICF (442.316) (Standard) ☐ MET ☐ NOT MET				
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.				
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.				

8-1

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F270	**PHYSICAL ENVIRONMENT *(CONDITION OF PARTICIPATION)*** SNF (405.1134) ☐ MET ☐ NOT MET				
F271	**A. Nursing Unit** SNF (405.1134(d)) (Standard) ☐ MET ☐ NOT MET				
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.				
F273	2. Utility and storage rooms are adequate in size.				
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.				
F275	**B. Dining and Activities Area** SNF (405.1134(g) (Standard) ☐ MET ☐ NOT MET				
F276	ICF (442.329) (Standard) ☐ MET ☐ NOT MET				
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.				
F278	2. Dining and activity rooms are well lighted and ventilated.				
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F280	SNF (405.1134(e)) (Standard) ☐ MET ☐ NOT MET **Indicators C and D apply to this standard for SNFS.**	▨	▨	▨	
	C. Resident Rooms	▨	▨	▨	
F281	ICF (442.325) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
F282	1. Single resident rooms have at least 100 square feet.			▨	
F283	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.			▨	
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.			▨	
F285	4. There is capability of maintaining privacy in each.			▨	
F286	5. There is adequate storage space for each resident.			▨	
F287	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.			▨	
F288	7. The resident call system functions in resident rooms.			▨	
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.			▨	
F290	9. Each room is at or above grade level.			▨	
F291	10. Each room has direct access to a corridor and outside exposure. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Toilet and Bath Facilities				
F292	ICF (442.326) (Standard) ☐ MET ☐ NOT MET				
F293	1. Facilities are clean, sanitary and free of odors.				
F294	2. Facilities have safe and comfortable hot water temperatures.				
F295	3. Facilities maintain privacy.				
F296	4. Facilities have grab bars and other safeguards against slipping.				
F297	5. Facilities have fixtures in good condition.				
F298	6. The resident call system functions in toilet and bath facilities.				
	E. Social Service Area				
F299	SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET				
F300	1. Ensures privacy for social service interviewing.				
F301	2. Adequate space for clerical and interviewing functions is provided.				
F302	3. Facilities are easily accessible to residents and staff.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F. **Therapy Areas**				
F303	SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET				
F304	ICF (442.328(a)) ☐ MET ☐ NOT MET				
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.				
F306	2. Equipment is safe and in proper working condition.				
	G. **Facilities for Special Care**				
F307	SNF (405.1134(f)) (Standard) ☐ MET ☐ NOT MET				
F308	ICF (442.328(b)) ☐ MET ☐ NOT MET				
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.				
F310	2. Precautionary signs are used to identify these rooms when in use.				
	H. **Common Resident Areas**				
F311	SNF (405.1134(j)) (Standard) ☐ MET ☐ NOT MET				
F312	ICF (442.324) (Standard) ☐ MET ☐ NOT MET				
F313	1. All common resident areas are clean, sanitary and free of odors.				
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.				
F315	3. There is limitation of sounds at comfort levels.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained.				
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
F320	I. **Maintenance of Building and Equipment** SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.331(b)) ☐ MET ☐ NOT MET **Indicators J thru L apply to ICFs.**				
F326	J. **Dietetic Service Area** SNF (405.1134(h)) (Standard) ☐ MET ☐ NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents.				
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
F329	K. **Hygiene of Dietary Staff** SNF (405.1125(f)) (Standard) ☐ MET ☐ NOT MET				
F330	1. Dietetic service personnel practice hygienic food handling techniques.				
F331	L. **Dietary Sanitary Conditions** SNF (405.1125(g)) (Standard) ☐ MET ☐ NOT MET				
F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
F333	2. Waste is disposed of properly.				
F334	M. **Emergency Power** SNF (405.1134(b)) (Standard) ☐ MET ☐ NOT MET				
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.				
F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
F338	**INFECTION CONTROL *(CONDITION OF PARTICIPATION)*** SNF (405.1135) ☐ MET ☐ NOT MET				
F339	A. **Infection Control** SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET				
F340	Aseptic and isolation techniques are followed by all personnel.				

NAME OF FACILITY

CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F341	B. **Sanitation** SNF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.				
F343	C. **Linen** SNF (405.1135(d) (Standard) ☐ MET ☐ NOT MET				
F344	ICF (442.327) (Standard) ☐ MET ☐ NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
F346	2. Linens are handled; stored, processed, and transported in such a manner as to prevent the spread of infection.				
F347	D. **Pest Control** SNF (405.1135(e)) (Standard) ☐ MET ☐ NOT MET				
F348	ICF (442.315(c)) (Standard) ☐ MET ☐ NOT MET				
F349	1. The facility is maintained free from insects and rodents.				
F350	**DISASTER PREPAREDNESS *(CONDITION OF PARTICIPATION)*** SNF (405.1136) ☐ MET ☐ NOT MET				
F351	SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET				
F352	ICF (442.313) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for ICFs.**				
F353	**A. Disaster Plan** 1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.				

NAME OF FACILITY

CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F354	2. Facility staff are knowledgeable about evacuation routes.				
F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
F356	4. Facility staff are aware of methods of containing fire.				
	B. Drills				
F357	SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET				
F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B
CRUCIAL DATA EXTRACT
(To be used with 7-88 Revision of Form HCFA-519)

PROVIDER NO.	FACILITY NAME	SURVEY DATE

SURVEY TEAM COMPOSITION

*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

A. ________ ADMINISTRATOR
B. ________ NURSE
C. ________ DIETITIAN
D. ________ PHARMACIST
E. ________ RECORDS ADMINISTRATOR
F. ________ SOCIAL WORKER
G. ________ QUALIFIED MENTAL RETARDATION PROFESSIONAL

H. ________ LIFE SAFETY CODE SPECIALIST
I. ________ LABORATORIAN
J. ________ SANITARIAN
K. ________ THERAPIST
L. ________ PHYSICIAN
M. ________ PSYCHOLOGIST
N. ________ OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: ____

*F193. DRUG ERROR RATE: ______% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)

Traditional Survey (1) ☐

New LTC Survey (2) ☐

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

*Mandatory

Form HCFA-519E (7-88)

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